herol director,

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CEPTIFICATE OF DEATH

203	CERTIFICA	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Ballo	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give neasest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet address)	d. STREET ADDRESS	oun.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARY	Jane	ALHEIT	4. DATE Month OF DEATH Jan	Day Year / 4 19 5
·- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	lost birthdoy)	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mouseumft	10b. KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (Stole of Md.)	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	.	14. MOTHER'S MAIDEN N		
William Hoski			hnow	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? IYes, no. or unknown) (If yes, give war or dates of service)	,	my Thomas	Addres - 46 16	1
18. CAUSE OF DEATH [Enter only one cause p PART 1. DEATH WAS CAUSED BY:	er line for (a), (b), and (c).]	0 11		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) DUE TO	Cellbrote	sula He	noutray	sexdeler
Conditions if any which				
gave rise to immediate casse (o), stoling the under-				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INTURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18.)	
Hour a.m.	od. INJURY OCCURRED 20e. Pi hile Not while work at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the dec	eased fram. I Dec	, 1958, to 1	1 Jan 1954	that I last saw the decease
alive an 12 gar, 1	959, and that death	occurred at 9152	And I	d an the date stated abov
ACTUAL 71.00	20	17211	ADDRESS (Street, city or town, sto	ote) DATE SIGNI
SIGNATURE A LECTURE	posinan	M.D. 1.227 <	Supplier of	my My Jan
PHYSICIAN'S WILLIAM	6000MAN,	M .D.	/	
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOYAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or	,,
Burial 1-17-195 23. FUNERAL DIRECTOR'S SIGNATURE		1.0	Baltimore,	Md.
Howard Stron	4 3-25 Wabis	11420		RAR'S SIGNATURE
	-	DATEAN	15'59 Cirilu	of S. Kines

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physicion.

TO FUNERAL DIRE A: After this certificate has been signed by the ottending physicion and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shother registror prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/SS

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Item 8 FilmG2	MENI OF HEALTH—BALTIMORE, 18	00196
210 CERTIFIC	CATE OF DEATH Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY Ballmore County MARYLANE	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence I o. STATE)	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If obside corporate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1271 Maple art	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Charles First Rudallah	Guashusaas DEATH AM.	26 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Months Do	EAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bakery Bakery	Baltimore Md. 12. CITIZE	N OF WHAT COUNTRY
Induig L. augsburger.	14. MOTHER'S MAIDEN NAME Mary Wanker.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? J. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) Types. give wor or dotes of service) J. SOCIAL SECURITY NO. 17 Types. 11 / 918 1919 12 212 - 01 - 0091	addie & augsburger 1271	makle que
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	y Ocelusion	INTERVAL BETWEEN DISET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse last. DUE TO (b) Arterior Court Co	notice Heart Disease	5400
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160	19 WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While of work 10 of work 11 of work 12 of work 12 of work 12 of work 13 of work 12 of work 13 of work 13 of work 13 of work 14 of work 15 of w	PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) (City or town) (Cour	nty) (State)
21. I certify that I attended the deceased fram. Auc alive an 1927, and that dea	ath accurred at 700 PAM, from the causes and an the	
PHYSICIAN'S NAME (Type)	M.D. 1264 Francis Ane Bellis	DATE SIGNER
220. BURIAL CREMATION, 126. DATE THEREOF 22c. NAME OF CEMETERY BULL OF CEMETERY BULL OF CEMETERY	Y OR CREMATORY 22d. LOCATION (City, town, or county) Bennelary north are	ma (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS ANDROSE IN (1 1328 WILLIAM) &	Abring of DATE 24b. REGISTRAR 24b. REGISTRAR'S SIGNA	

funeral director, ofter death. Page may be retained by the haspital or attending physician.

O FUNERAL D TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld of detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shall the registrar prior to burial, cremation, ar remaval, and in any event within 72 hauss after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO FUNERAL D VS A15 (4) 15M 10/57

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26 W. North Ave., Balto. Md.

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TO HOSPITAL OR

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 218

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH c. COUNTY Balti	more		MARY	LAND	2. USUAL RESIDI	ence (we	here deceased	d lived. If instituti b. COUNTY		nce befo		ion)
b. CITY OR TOWN (I RURAL and give no	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b				rote limits, write R	URAL ond	give nee	grest town	n)
Fort Ho	ward, Mary	land	4 days		Rural) Wes	stover	, /	9 X	-2		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	give street	oddress)		d. STREET AD	DRESS					e. IS RES	SIDENCE FARM?
	s Administ	ratio	n Hospital		RFD :	1, Bo	ox 170					NO [
3. NAME OF DECEASED (Type or print)	JOSH		Middle T.	17	BALLA.		4. DATE OF DEATH	Janua:		2	7	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED A NEVER MARRI	ED 🗍	B. DATE OF BIRTH			9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
Male	Negro	WIDOW	ED DIVORCE	0 0	December	9, :	1894	9. AGE (In years last bythdoy) OLI yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark king life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CI			COUNTRY
Farmer		F	arm-Self	empl	oyed West	over	, Mary	land		U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S A	MAIDEN	NAME					
John Ball	ard				El	iza l	White					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 1	NFORMANT			Add	ess	1 14		
Yes	WWI		217-05-9823	C	Lin.Recor	ds.	Vet. A	dm. Hosp	. Ft.	Нот	ward	, Md.
18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne far (a), (b), and (c).							INT	ERVAL BE	TWEEN
	TH WAS CAUSED BY:	,	CARCIMON	IA OI	PROSTAT	E					MON"	
177x	DUE TO	-									22011	1
Conditions, if o	ny, which) (b											
gave rise to i	mmediate (
lying couse lost.	10	:)(:										
1.Bilater	es significant con cal Uretero	stom;	Cutaneous	1 1 (NOT RELATED TO 10	late	ral Or	chidecto	my.10	5/58	9. WAS PERFO YES T	AUTOPSY ORMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in	Port I or Port	II of item 18.)	1,13			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED Not while	20e. PL/ foo	ACE OF INJURY (Hetery, street, office I	ome, form bldg., etc	20f. (City	or town)	(County)		(State)
21. I certify th	at Vattended the	deceas	ed from Janua	ary a	23 1959	to Ja:	nuary	27 1059	Wester to	rhuzurva	MONTH BOAT	VINDENEN
miliverance		XX190X	CXXXX and that	death	occurred at]	2:05	PM from	the course	and an a	THEFT	Annual Care	Cocease
00.000.000.000		PCPA THE PA	sessification man	dedin	occorred dia			reet, city or town,		ne aa		ATE SIGNE
ACTUAL SIGNATURE	Joace m. m	0.0.0			M.D. VAH.					1	128/	59
J	OSEPH M. M	PREMI	, M. D.		M.D		0 11000	100				
PHYSICIAN'S NAME (Type)					Chief	, Su	rgical	L Service				
220. BURIAL, CREMATIO	N, DAJE THEREC	F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town, o	or county)		(State	e)
REMOVAL (Specify)	1200/	175 7	Cottage	Gro	ve Cemete	ry		stover, M		and		
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		:	240. REC'		RAR 24b. REGIS			RE	
Charles Was	nd Funeral	Home	Marion S	tati	on.Md.	DATE I	N 2 9 '5	9 0-	Chur &	three	A.O	
		110110				1000				- 11		

BIT PROMITIONS AND DESCRIPTION OF A PROMITION OF A . . . A STATE OF THE REAL PROPERTY. Feb. 1,1959

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page, TO FUNERAL DICTOR: After this certificate has been signed by the ottending physicion and completely filled in by page 3 should detoched for use as the buriol-transit permit. Then please remove corban pagers. Pages 1 and 2 the registror prior to buriol, cremotion, or removal, and in any event within 72 hour after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00199

Reg. Dist. No.

	*	219	CERTIFIC	ATE OF D	EATH			Reg. Dis		10.	
1. PLACE OF DEATH	27 Crafton	Ave.	MARYLAND	2. USUAL RESIDE 0. STATE 1927	ence (Where	on A	lived. If institution b. COUNTY			admission)	22
RURAL ond give n	f outside corporate limited earest town) 1 timore 22		LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If our	side corpor	ote limits, write R	URAL end g	ive neare	st town)	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, ç	give street oddr	ress)	/d. STREET AD 1927 Cre		Ave.	22			IS RESIDER ON A FAI YES \(\) NO	RM?
3. NAME OF DECEASED (Type or print)	fii Jam		Middle A.	Barth		4. DATE OF DEATH	Jan . 2		Doy	Year	
5. SEX Male	6. COLOR OR RACE	7. MARRIND	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	901		9. AGE (In years fast butbday) 57 yrs.	-		Hours 1	4 HRS. Min.
100. USUAL OCCUPATION during most of wor Retired	ON (Give kind of work king life, even if retired	done 10b. KIN	of Business or IND			foreign co		12. CIT	ZEN OF	WHAT CO	UNTRY
13. FATHER'S NAME	Wil	liam Be	arth	14 MOTHER'S A	MAIDEN NA arrie		sey				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or doles of s	arvical		rs. Sophia	a L.Be	arth 1	Addi 1927 Crai		ve.	22	
	the under DUE TO) // //	(0). (b). ond (c).] (c) KONARY S-C-V (Oce Hypri	luse	n C	1-v-D		INTERVONSET	AND DE	S.
Ship or Contributing	AS UNDERLYING CAUSE OF DEATH	UUIL UUIL	TRIBUTING TO DEATH BU ACCEPT E HOW INJURY OFCURR	en. 1.	nu	1-1	955	EN IN PART		PERFORME	OPSY ED?
20c. TIME OF INJUR Hour a.m.	MEDICAL EXAMINER) Y Month, Day, Ye	ar 20d. INJUR While of work	Not while_	ACE OF INJURY (FIG octory, street, office t	ōme, farm, bldg., etc.)	20f. (City	or town)	(C	ounty)	((Stote)
21. I certify alive on actual signature PHYSICIAN'S NAME (Type)	m. B.	deceased 19-59 Davi	fram Marcul, and that death was made	h accurred at M.D. 686			the causes of th			stated o	
220. BURIAL, CREMATIC REMOVAL (Specify)	Jen. 28,		c. NAME OF CEMETERY		2	2d. LOCAT	ION (City, town, o	"		(Stote)	
23. PONERAL DIRECTOR	S SIGNATURE,	land	ADDRESS 2024 Orlean		DATE AN			STRAR'S SIG			

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	of the second	F2 H12 7901			281
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORESTE			Section of the section of		

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VS A1S (4) 15M 10/57 01

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00201

221 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY BAITIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY BALTIMORE
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 54 ESCEX
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 961 MIDDLESEX RD. (21)	1 d. STREET ADDRESS 1961 MIODLESEX RD. GI) e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) ANNIE RAU	Lost 4. DATE Month Day Year OF DEATH JAN 17 19.59
		B. DATE OF BIRTH 9. AGE (In years lead of birthday) 10LY 20-1881 9. AGE (In years lead of birthday) 7 yrs. 15 UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? BALTO, MD,
)	13. FATHER'S NAME THOMAS LEONARD	14. MOTHER'S MAIDEN NAME MARY
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	NFORMANT Address ALEX BAUMGARTNER 96 MIDDLESEX R
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	OBSTRUCTION INTERVAL BETWEEN ONSET AND DEATH ZUKS
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)
1	21. I certify that I attended the deceased from 3 alive on 17, 1959, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) LOUIS SEMENOFF	accurred at 4 A M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) PATE SIGNED ROLLINGE DO M.
	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1-20-59 Oak La	R CREMATORY 22d. LOCATION (City, town or county) (State) Baldo, Co., Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 418 Gastern +	Sland. DATE JAN 21 '59 Cathery S. Hama

ENT OF HEALTH-CALTIMOR	MIRASINGHIAT	e GRAVIAN	UP LOST OF

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			Marie Liones, Art of S

heral director, I be filed with

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR

VS A15 (4) 15M 10/57

may be retained by the haspital ar attending physician.

TO FUNERAL DIR

R: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be retached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

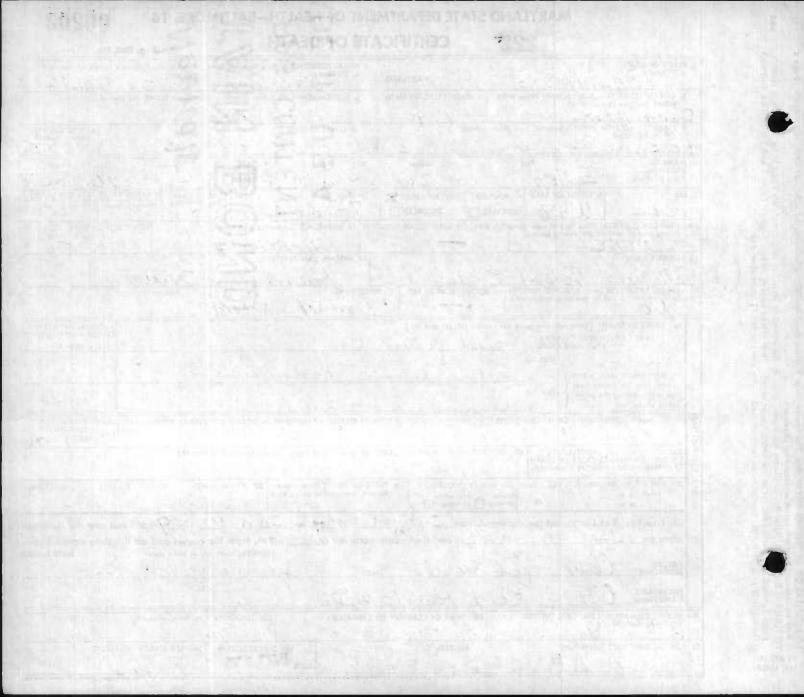
00202

222

CERTIFICATE OF DEATH

Reg. Dist. No.

							R.	rg. Dist. 140	*
	1. PLACE OF DEATH o. COUNTY BA	LTIMORE	MARYLA	O STATE	Mary la		If institution:	Residence befo	re admission)
	b. CITY OR TOWN RURAL and give r	(If outside corporate limits,	write c. LENGTH OF STAY IN	16 c. CITY OR	TOWN (If outside	carporote limi	its, write RURA	L and give nee	prest town)
	DUNANCE M	W 1 5	17 ur.		BALTIN	UNDE		2 Val	11
	d. NAME OF HOSP	ITAL (If not in hospital, give	e street address)	d. STREET		40/1.			e. IS RESIDENCE
2	ROSEWOO	DSTATE TRA	ALVING SCHOOL	2823	The 1	Alem	eda		YES NO
	3. NAME OF DECEASED (Type or print)	Ellen	Patricla	Bea	PQ 4. D	ATE OF EATH	JAN Month	10	y Year 1959
	Femile	White	MARRIED NEVER MARRIED	7-1	8-30	2		UNDER 1 YEAR onths Days	IF UNDER 24 HRS. Hours Min.
100	10a. USUAL OCCUPATI during most of wa	ON (Give kind of work dain rking life, even if retired)	ne 10b. KIND OF BUSINESS OR	NDUSTRY 11. BIRTHE	MARYL	eign country) AND			S, A,
	3. FATHER'S NAME		0 10	14. MOTHER	S MAIDEN NAME		0		
	1 /homas	S NELSON ER IN U. S. ARMED FORCE	Beall		tanna	h	Bra	on	
	(Yes, no. or unknown)	(If yes, give war or dates of servi		17. INFORMANT	at Ke	cords	Address		
	18. CAUSE OF DE	ATH [Enter only one cous	e per line far (a), (b), and (c).]					INT	ERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	heart failer	e				ONS	2 nuo.
Н	1410 X	DUE TO	/					-	2,700
	Conditions, if	any, which)	miting stone	Min &	insuls	iceeu	u		5
	gave rise to	immediate (2	/	9		1		1
	lying cause last.	(c)_	Christalie A	Shart De	searce.			/	4 yre ±
5	PART II. OT	THER SIGNIFICANT CONDITION	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	OTHETERMINAL DI	SEASE COND	TION GIVEN	IN PART I(o) I	PERFORMED?
		AS UNDERLYING 20	b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in Part I a	or Part II of ite	m 18.)		YES NO
j		MEDICAL EXAMINER)							
	20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Year 19	20d. INJURY OCCURRED 20 While Nat while at wark all and wark are all wark are all and are all are all and are all and are all and are all and are all	e. PLACE OF INJURY factory, street, affic	(Home, form, 20f. ce bldg., etc.)	. (City or town)	(County)	(State)
	21. I certify t	hot I offended the d	eceosed from July	1 195	7. 10 Ja :	n 10	1950	ot I lost so	ow the deceased
	alive on	IAN 10	19 59 , and that de	oth occurred of	12:35 AM	from the c			
		M	7	00001100 01		SS (Street, city			DATE SIGNED
	ACTUAL SIGNATURE	Olive Be	id Harris	M.D	Jan	uare	1/6	1,19.	59
	PHYSICIAN'S NAME (Type)	Olive 7	Reid Harri	5, m.D.	0	(
		ON, 226. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	22d. l	OCATION (Ci	ty, tawn, or co	unty)	(State)
	BUVIA)	Van 1319	959 Baltime	ore Cei	n. 13.	altim	ore	/	Md
	23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS BALL	more hig	24a. REC'D BY R	EGISTRAR :		R'S SIGNATUR	RE
	Member	x Jennins o	11 - 11 241 6	LOC.	DATE	- 00	O.T.	. 1 30	



by the haspital or attending physician.

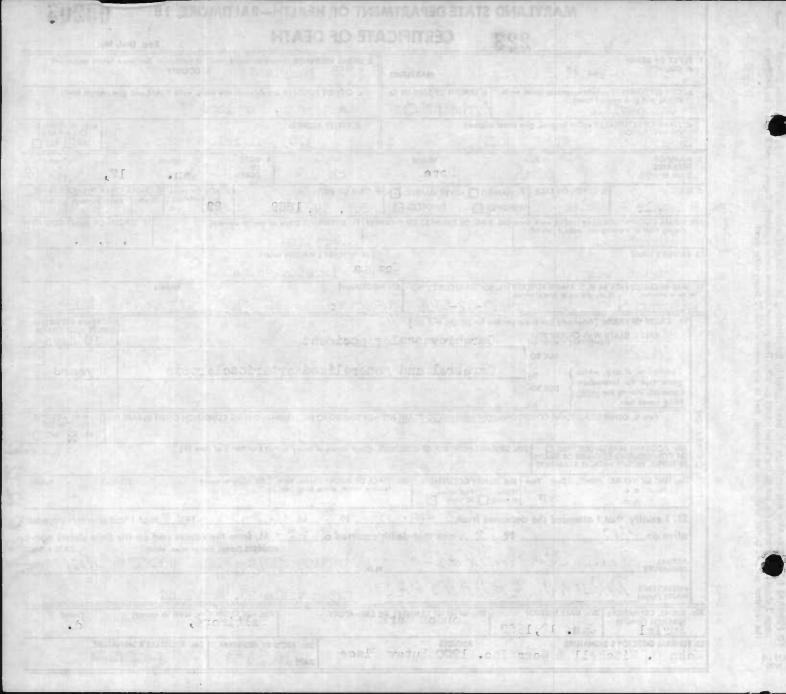
OR: After this certificate has been signed by the attending physician and campletely filled in by attached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 r to burial, crematian, or remaval, and in any event within 72 hours after death.

Moy be retained by Moy be registrar prior to

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 223

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RES o. STATE	Mary.	nere deceased lived	d. If institution: I b. COUNTY	Residence bel	fare admission)
b. CITY OR TOWN (RURAL and give no	If outside corporate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	outside corporate l	imits, write RURA	L ond give n	(earest town)
Catonsvi			6yrlmth2ldys	11		Marylan		3 VO1	N/
d. NAME OF HOSPIT	TAL (If not in hospital, gi	ve street		d. STREET				7 0 7	e. IS RESIDENCE
	ROVE STATE		SPITAL		3703	Dolfield	d Avenue		ON A FARM?
3. NAME OF DECEASED (Type or print)	Fin Edit		Middle Rose	Beck	st	4. DATE OF DEATH	Month Jan.	17,	Day Year
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRT	Н	9. AC	GE (In years IF t		R IF UNDER 24 HRS.
female	white	WIDOW	ED DIVORCED	Oct. 1	9. 186	9 8	st birthday) Mo	anths Days	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Stote	or foreign country		12. CITIZEN	OF WHAT COUNTRY
seamstre	king life, even if refired)			Mar	vland			U. S	
13. FATHER'S NAME				14. MOTHER'S	V	IAME		0.0	• A.•
August B	Book		Jo			Shibe			
15. WAS DECEASED EVE		EC2 114		INFORMANT	zetta	ourne			
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)			che amane, turni		Address		
unknown	ATH [Enter only one cou			ecords:	SPRIN	IG GROVE	STAE	HOSP	ITAL
Conditions, if or gove rise to it couse (a), stating lying couse lost.	the under- DUE TO (c).		Cerebrovasculared and	gene raliz	ed ar				nset and death 10 days years
3			CONTRIBUTING TO DEATH BU					N PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
U (IF EITHER, NOTIFY	S UNDERLYING 1 CAUSE OF DEATH MEDICAL EXAMINER)								
20c. TIME OF INJUR Hour o. fr. p. m.	Y Month, Day, Year	20d. II While of war	Not while	LACE OF INJURY (octory, street, affici	Hame, farm, e bldg., etc.	20f. (City or to	wn)	(County	(State)
21. I certify the alive an	at 1 attended the 17. Live Ra	, 12 s	ed from Jan. 7 59., and that death	M.D. SPRI	NG GF	AM, from the ADDRESS (Street, or ROVE STA	causes and city or town, state TE HOSE	on the de	bayes the decease ate stated above DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Jan. 19,1		22c. NAME OF CEMETERY			22d LOCATION (Baltimo		unty)	(Stote) Md •
23. FUNERAL DIRECTOR'S John O. Mit		s Ir	ADDRESS 1900 Eutaw	Place		BY REGISTRAR N 2 0 '59	24b. REGISTRAI	R'S SIGNATU	



CERTIFICATE OF DEATH

		6,5	_	
Reg.	Dist.	No.		

la la	- 1	4 2.7.7.7					Reg. Dist	, No.	
1. PLACE OF DEATH o. COUNTY Baltimore		MARYLA	[]	o. STATE Maryla		lived. If institution b, COUNTY		before ad	mission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Rural Towson		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF ou	itside corpo	rate limits, write R TOW 8		ve nearest	town)
d. NAME OF HOSPITAL (If not in hospital, given or institution Glenarm Road		ddress)		A. STREET ADDRESS G1.	enarm	Road		0	RESIDENCE N A FARM?
B. NAME OF First DECEASED (Type or print) Siste		middle ry Annella	Bins	loii	4. DATE OF DEATH	Mon Janus		Day 18	Year 1959
. SEX 6. COLOR OR RACE		ED NEVER MARRIED	8.	Date of Birth		9, AGE (In years lost birthdoy) 77 yrs.	IF UNDER 1		NDER 24 HRS
90. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Teacher	ine 105. I	CIND OF BUSINESS OR I						S.A.	HAT COUNT
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME				
Frank Binsack				Anna Wel	ker			4	
5. WAS DECEASED EVER IN U. S. ARMED FORCI [Yes, no, or unknown] (If yes, give war or dates of serv		SOCIAL SECURITY NO.		ter M. Peter	Four	ier Not	tch Cl	iff,	Md.
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. (c)									
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFE EITHER, NOTIFY MEDICAL EXAMINER)							EN IN PART	PE	REPORMED?
	Ob. DESC	RIBE HOW INJURY OCC	URRED.	Enter noture of injury in Po	ort I or Port	II of item 18.)			
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19	20d. IN While at work	Not while		OF INJURY (Home, form, y, street, office bldg., etc.)		or town)	(Co	ounty)	(Stote
21. I certify that Lattended the calive on Jan. 13th ACTUAL SIGNATURE PHYSICIAN'S Chamber F. C.	1959	and that de	eath o	ccurred at 12 • 20A	M, from	the causes o	ind on the state)		
NAME (Type) Charles F. 0' 20. BURIAL, CREMATION, 22b. DATE THEREOF (REMOVAL (Spacify) / 20 -		22c. NAME OF CEMETE	RY OR C	REMATORY RIA C.F.14	22d. LOCA	TION (City, town, o	or county)	NR	Stote) Towson
3. FUMERAL DIRECTOR'S SIGNATURE	90	ADDRESS S.CONKI	IN	ST. DATE AN	BY REGIST		STRAR'S SIGN	NATURE	

may be retained by the haspital ar attending physician.

TO FUNERAL DICTOR After this certificate has been signed by the attending physician and completely filled in by uneral director, page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

Tax and tax		CERTIFICA	
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225 **CERTIFICATE OF DEATH**

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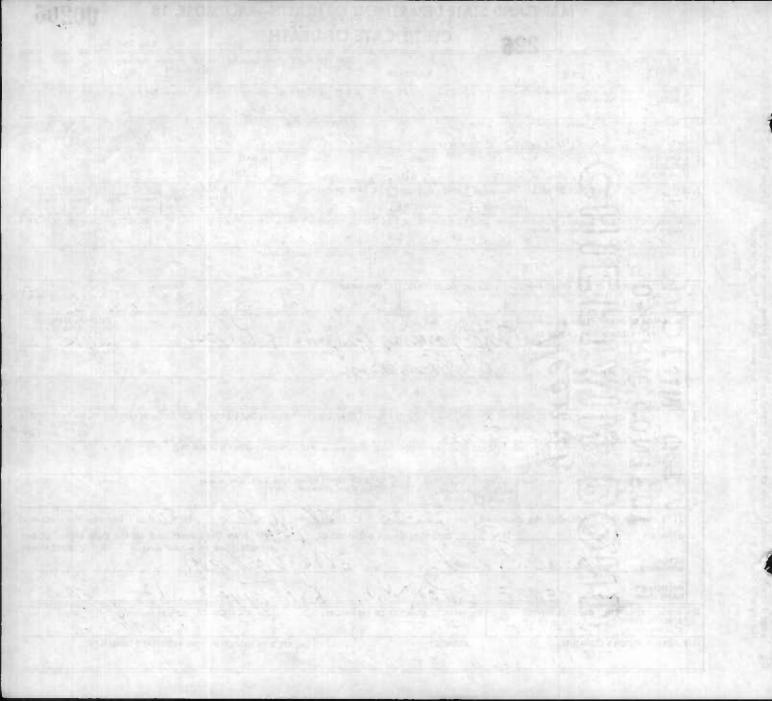
ACAS (Keg. Uit	17. NO.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	tived. If institution Residents. COUNTY	te before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown),	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Poulside corpore	ote limits, write RURAL and q	give nearest town)
d. NAME OF HOSPITAL (If not in hospito), give stree OR INSTITUTION 7827 Wendov	oddress) Ver Road	d. STREET ADDRESS 7827 Wendover	Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Seria First	Middle	Box 4. DATE OF DEATH	January 2	Doy Yeor 20 19 59
female white WIDOV	VED DIVORCED	Aug. 2. 1888	70 yrs. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10th during most of working life, eyen if retired)	. KIND OF BUSINESS OR INDU	STRY 91. BIRTHPLACE (Stole or foreign cou Yugoslavia	entry) 12. CIT	U.S.A.
3. FATHER'S NAME Coya Klashna		14. MOTHER'S MAIDEN NAME	dasova	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? [1995, no. or unknown] [If yes, give war or dates of service]		NFORMANT ((Address We,	same
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 33/X Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. (c)	Cerebrat	hemorehaye		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETTHER, NOTIFY MEDICAL EXAMINER		NOT RELATED TO THE TERMINAL DISEASE D. (Enter nature of injury in Port I or Part I		19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	o. Lines nature of injury in ron 1 or run	in or hear to.;	
Hour o.m. While		ACE OF INJURY (Home, form, 20f. (City of tory, street, office bldg., etc.)	or town) (C	County) (State)
21. I certify that I attended the deced alive an new 30, 19 ACTUAL SIGNATURE	12	occurred at 5705 A.M. from	pet, city or town, stole)	ne dote stoted abov
(17)	Harris	Baltimore, Ma	ryland	
220. BURIAL, CREMATION, REMOVAL (Specify) 1/23/59	Parkwood	r CREMATORY 22d. LOCATION BO	ON (City. town, or county) Ltimore. Mc	iruland
3. FUNERAL DIRECTOR'S SIGNATURE	Handond Roa	d #1// 248. REC'D BY REGISTR		

IOR: After this certificate has been signed by the ottending physicion and completely filled in by Juneral director, letached for use as the burial-transit permit. Then please remaye corbon popers. Pages 1 and 2 shauld be filed with a burial, crematian, or removal, and in any event within 2 hours after death. death; Poge 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after the registror prior to burial, crematian, or removal, and in any event within detached for use os the buriol-tronsit permit. by the hospitol or ottending physicion. TO FUNERAL DI TO HOSPITAL OR VS A15 (4) 15M 9/55

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	and a warb.	nulin . L. Valerué d.		Take Allegaries v.
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				all take a product of the first
			the study b	CALL CALLED
			CONTRACT TO SERVICE OF THE SERVICE O	
		,		

	226 CERTIFICATE OF DEATH Reg. Di	st. No.
	1. PLACE OF DEATH O COUNTY Saltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resider O. STATE D. COUNTY b. COUNTY	ce before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Company of the company	give nearest town)
0	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR-INSTITUTION Convalencent Home 1124 N. Paplan St. York	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) NINCRUA Leah BOLLINGER DEATH Jon. 30	Day Yeor
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months 7. Married Never Married 4/16/1873 9. AGE (In years lost birthday) Months 7. Married Never Married 1. Marr	1 YEAR IF UNDER 24 HRS Days Hours Min.
	Hausludik Own If retired Own Home Gark Co. Pa	TIZEN OF WHAT COUNTR
	13. FATHER'S NAME Clina Owerm	iller
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no or updrown) (If yes, give wor or dates of service) 2 4 W. (You no or updrown) (If yes, give wor or dates of service) (Acceptable) (Acceptable)	Caplan St
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Osterborssis A Shine + Refure IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions if any which	1
	gove rise to immediate cause (a), stoting the <u>under-lying couse lost.</u> (b) DUE TO (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AUGUST AMMINER	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at work at work at work 19 at work 19 Not while 19 Not work 19 Not work 19 Not while 19 Not work 19 Not w	County) (State)
3	21. I certify that I attended the deceased from 12-23, 19-8, to 30, 19-9 that I alive on 130, 19-9, and that death occurred at 7:34M, from the causes and on the same of the causes are same on the causes are same of the causes and on the causes are same of the causes are same	last saw the decease
	ACTUAL SIGNATURE C. Took M.D. 6805 DORKES (SPeet, City or town, stote)	DATE SIGN
1	PHYSICIAN'S LAURENCE C. Por M. J. Boltimore 12	md
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. John. or county) REMOVAL (Specify) 2/2/59 Flutheran Hamiltonian (Active Specific Spec	esk lo, ra,
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SI	GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

College to a warrant with the same the College Burne & Mary Holf Mark on the committee of March on the Escape For bound Smalle 4914 State Call Comment on the South Sales Comments

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

E OF DEATH

228	CERTIFICA	ATI
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Bal	timore		MAI	RYLAND	2. USUAL RE o. STATE	Marvla		d lived. If institut b. COUNTY		before ad	mission)
		outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY O	-		rote limits, write l	RURAL ond gi	ve nearest t	town)
	Fort How			2 days			Baltin	nore	3	VO1-	4	
Г	d. NAME OF HOSPIT.	AL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS				e. 15	RESIDENCE N A FARM?
L		Administr	ation	Hospital		520	9 Nor	wood A	venue			NO NO
3.	NAME OF DECEASED	Fir		Midd	lle		ost .	4. DATE OF	Mo	-	Day	Yeor
L	(Type or print)	EDWAR	T	E.		BOWLING		DEATH	Januar			19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MAR	RIED 🗌	B. DATE OF BI	RTH	1.549	AGE (In years lost birthday)		YEAR IF U	NDER 24 HRS.
	Male	White	WIDOW			10/23	-/93		65 yrs.		110	
10	 USUAL OCCUPATION during most of work 	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTH	IPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHA	AT COUNTRY?
	Operator		Pe	nny Scale	Busi	ness	Washin	ngton,	D.C.	U.	S.A.	
13	FATHER'S NAME					14. MOTHE	R'S MAIDEN I	NAME				
	Ernes	t Bowling				I	Imma M	itchel	1			
1/2	. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10.	NFORMANT		155 A 16	Add	dress		
	Yes	WW I		8-22-4809	Cli	in.Recor	ds Ve	ts.Adm	.Hospita	1.Ft.H	oward	Md.
7	T	TH Enter only one co	use per lir	ne for (o), (b), and (d								L BETWEEN ND DEATH
	PART I. DEA	TH WAS CAUSED BY:		וו דומפיסמים		HACE I	A TOTAL	2			6 Da	
	331X	DUE TO		EREBRAL H		THUE, I	CIVILLIAN				O Do	A D
	Conditions, if or	v which \										
	gove rise to in	nmediate			-					· ·	-	
П	lying couse lost.	he under-										
z		ER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO D	DEATH BUT	NOT PELATED	TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 10 W	AS AUTOPSY
CATION	TOTAL CONTRACTOR	***************************************						IIIAAL DISEAS	L CONDITION OF	TEN IN LAKI	PE	RFORMED?
		-PNEUMONIA		TIC ANEUR		BDOMINA		Dort I as Day	t II of item 18 \		163	XOI NO 🗆
CERTIFI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CKIBE HOW INJUKT	CCCORRE	D. (Enter hotore	or injury in	rom for ron	i ii or nem 15.,			
MEDICAL	20c. TIME OF INJUR	Month, Doy, Ye	or 20d. II	NJURY OCCURRED		ACE OF INJUR			or town)	(Co	ounty)	(Stote)
MED	Hour o.m.	19	While of wor	Not while	10	ctory, street, of	rice blag., ere	C.)				
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		20000000000			_							
	The state of the s	2	ngen	CAAA OHU IIIC	ar dedii	occorred (41		treet, city or town			DATE SIGNED
	ACTUAL /	lin UK	1			Tratt	FORM				7	/11/50
	SIGNATURE	0	Th			M.DVAH	LULL	HUNAU	D, MARYL	ANU		1-4-1-22
	PHYSICIAN'S NAME (Type) CT	TEN WEI LA	N, M.	D.		VAH	FORT	HOWAR	D. MARYI	AND		
22	o. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CE	METERY C	R CREMATORY		22d. LOCA	TION (City, town,	or county)	(Stote)
L	Burial	1-14	-220	Baltimo	reN	ational	Cem.		Baltimor	e, Ma	rylan	d
23	THERAL DIRECTOR"	SIGNATUREMULA	cos	ADDRESS 46	00 L;	berty	24a. REC	D BY REGIST		ISTRAR'S SIGI	4 4	
I	Ilsowrth A	rmacost Fu	neraľ	Chapel,	gts.	nore Md	DATE JA	IN 1 4 '5	ig a	nthur S. i	March	

eral director, be filed with deoth. Page 4 hospital or attending physicion.

After this certificate has been signed by the attending physicion and completely filled in by the start this certificate has been signed by the attending physicion and completely filled in by the start of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter Then please remave carbon papers. the registrar prior to burial, cremation, or remaval, and in any event within 72 hours ofter death. he hospital or attending physicion.
R: After this certificate hos been si detoched for use os the buriol-transit TO FUNERAL DIRE
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VS A1S (4) 15M 9/58

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ex the hospital or attending physician.

TO FUNERAL DIRE
page 3 should be

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00209

								Reg. Dist	. No.		
1. PLACE OF DEATH o. COUNTY Baltimor	e		MARYL	AND	2. USUAL RESIDENCE (WHAT WILL AND A MAIN LAND	nere deceased	lived. If instituti b. COUNTY	an: Residence	e befare	odmissi	an)
b. CITY OR TOWN (If outside carporate limi	ts, write	c. LENGTH OF STAY F	N 1b	c. CITY OR TOWN (If o	outside corpora	ite limits, write R	URAL ond gi	ve near	est town)	
Fort How			15 Days		Elkridge			1= x	- 0	7	
d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS			/	e	. IS RESI	DENCE
Veterans	Administra	tion	Hospital		6004 Old Wa	shingt	on Road			ON A	
3. NAME OF DECEASED (Type or print)	GUSS	st	Middle E.		BOYD	4. DATE OF DEATH	January	th	20 20		° 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIEL	П	. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1	YEAR	,	/
Male	White	WIDOW		_	August 28,18	_	Bot birthday)	Months [Days	Hours	Min.
10a. USUAL OCCUPATION during most of work	ung lite, even it retired		KIND OF BUSINESS OR	INDUS	Elkridge,				S.		COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
Zackriah	Boyd				Nancy Blai	r				d Tar	
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	1	FORMANT		Addi				
Yes	SAW	2	14-30-4125	C	in.Rec., Vet.	Adm. Hos	spital,F	t. Howa	ard,	Mary	rland
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	CEF	ne for (a), (b), and (c).] REBRAL INFAF	RCTI	ON				INTER ONSE	T AND I	WEEN DEATH YS
Canditians, if a gave rise to i cause (a), stoting lying cause last.	the under-)	CONTRIBUTING TO DEA	TH BUT ?	NOT RELATED TO THE TERMI	NAL DISEASE (CONDITION GIV	EN IN PART](a) 19.	. WAS A	UTOPSY
	a - duratio			7110						PERFOR	MED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY				CURRED	(Enter nature of injury in F	Part I ar Part I	l of item 1B.)				
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	20d, It While at war	Nat while	20e. PLA fact	CE OF INJURY (Home, farm ory, street, affice bldg., etc.	, 20f. (City o	r tawn)	(Co	ounty)		(State)
21. I certify th	of attended the	-deceas	ed from Januar	y 5.	, 159 , to Ja	nuary 2	20 . 19 59	200000	EKGGK	0000	F080
200000000000000000000000000000000000000					accurred at 3:10	AM, fram		nd an the		state	
SIGNATURE	les you	Lu		N	.D. VAH, FORT	HOWARD	, MARYLA	ND	** ** ** ** ** *	1/20	1/59_
PHYSICIAN'S NAME (Type) CH	IEN WEI LAN	, M.	D.								
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N. 226. DATE THEREO	1454	22c. NAME OF CEMET Meadow		crematory ce Cemetery		nore, Ma		d	(State)	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	1	240. REC'I	BY REGISTRA	AR 24b. REGIS	TRAR'S SIGN	NATURE		
Sidney Mas	h Jr.				ere Ave	2 2 150	2	. 9 4			
			Baltimore,	Par	land dan	E & UE		1 A. The	ALC:		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE directe filed a. COUNT b. COUNT MARYLAND Prol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b ¿. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest/fawn) should d. NAME OF HOSPITAL (If not in haspital, give street address) within 24 hours afte d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? N YES NO .5 NAME OF DATE Middle Lost 4. Day Year filled **DECEASED** (Type or print) Pages DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS campletely Months Days Hours WIDOWED DIVORCED T popers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN offer death. during most of working life, even if retired) ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician NKNOW remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (If yes, give wor or dates of service) 72 attending law requires that the death within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN a. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UTERUS IMMEDIATE CAUSE (o) the DUE TO PY permit. Conditions, if any, which gned gove rise to immediate **DUE TO** couse (o), stoting the underte has been signate burial-transit p pup lying cause last. ar attending physician. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? YES NO S 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour 0. m While Not while After this hospital p. m of work of work for 21. I certify that I attended the deceased from 19 9 that I last saw the deceased pached buriol and that death accurred at 8:204 M, from the causes and on the date stated above ADDRESS (Street, city or town, state) 0 DATE SIGNED ACTUAL WILKENS prior D FUNERAL DIR poge 3 should be SIGNATURE BALTO. 23, PHYSICIAN'S the registrar NAME (Type) 220. BURIAL PREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. 10CATION (City, town, or county) poge (State) REMOMAL (Specify) 23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN VS A15 (4) Cirthury S. Thank 15M 10/57

Purels		

	2	30_	CERTIFIC	ATE OF DEAT	TH		Reg. Dist	No.	
1. PLACE OF DEAT	Baltimore		MARYLAND	2. USUAL RESIDENCE (a. STATE Md •	Where deceased	d lived. If institution b. COUNTY		before admi	
Reiste	NN (If outside corporate limite nearest town) Prstown		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (URAL ond gi	ve nearest to	vn)
d. NAME OF H	OSPITAL (If not in hospital, ION Dover R		address)	d. STREET ADDRESS / Dover R	oad		133	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Carnol	rst E	Middle Mavnaer Bra	thuhn	4. DATE OF DEATH	Jan.5,		Doy	Yeor
5. SEX Female	White	WIDOW		may 9,191		9. AGE (In years last birthday) 39 yrs.	-	YEAR IF UNI	
10a. USUAL OCCU during most of Housev	working life, even if refired	done 10b.	KIND OF BUSINESS OR IND	North			12. CITIZ	U.S.	T COUNTR
	les H.Havna			Heddie					
15. WAS DECEASE IYes, no. or unknown) NO	DEVER IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16.	social security No. 17. 243-12-8918	Thomas W.B	rathuh	n,Reist		own, Mo	i.
	F DEATH [Enter only one condition of the	, Ger	ne for (a), (b), ond (c).] neralized Ca	arcinomatos	is			INTERVAL E	DEATH
gove rise	if ony, which to immediate bling the <u>under-lost</u> .	Cal	rcinoma left	t breast				21/2	yrs.
PART II. PART II. 20g. ACCIDEN OR CONTRIBU	OTHER SIGNIFICANT CON	nor	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
20a. ACCIDEN OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURE	RED. (Enter nature of injury	in Port 1 or Part	II of item 18.)			
20c. TIME OF II		While	NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, for factory, street, office bldg., and none)	etc.)	or town)	(Co	unty)	(State)
			ed from 7-16-5	th occurred at 8:3	QAM, fram ADDRESS (Sti	9 , 19 or town,	nd on the	date sta	e decease ted abave DATE SIGNE
SIGNATURE	D. D.	Capl	es, M. D.	Reister		Md.			1-6-5
200. BURIAL, CREM PREMOVAL (Spo			22c. NAME OF CEMETERY Pleasant	OR CREMATORY	22d. LOCAT	ing , Md		(Sto	ote)
J.F.E		,Rei	address sterstown, M	24o. RE	IAN 7 '5		TRAR'S SIGN		

uneral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DICTURES After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld actached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shall the registrar prior to burial, cremation, ar remaval, and in any event within 72 hays after death. may be retained TO FUNERAL DI

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		1 2	231	CERTIFI	CATE OF	DEATH			Reg. Dist.	No.	
1	. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAN	O STATE	Maryl		b. COUNTY			on)
r	b. CITY OR TOWN RURAL and give		nits, write	c. LENGTH OF STAY IN 2yr3mthl 2dy		town (If or		rote limits, write f	URAL ond giv	re nearest town)	
	- 04 - 0	SPITAL (If not in hospital,			d. STREET			nije		e. IS RESIDENCE ON A TYPES	FARM?
3	NAME OF DECEASED (Type or print)	F	in die	Middle Ingalls		ost	4. DATE OF DEATH	Janua:	2.0	Day Y	oor 9 59
S	female	6. COLOR OR RACE	7. MARR	NEVER MARRIED	T			9. AGE (In years lost birthdoy) yrs.		YEAR IF UNDER	
-	Oa. USUAL OCCUPA	TION (Give kind of working life, even if retire	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHE		or foreign co			S. A.	COUNT
	3. FATHER'S NAME Willia	m Waldo			14. MOTHER		AME	ns			
1:	5. WAS DECEASED E Yes, no. or unknown) UNKNOWN	VER IN U. S. ARMED FO	service)	SOCIAL SECURITY NO. I	Records:	SPRIN	IG GR	Add OVE STA		SPITAL	
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AAEDICAL CEDT	20c. TIME OF INJ	1,	eor 20d. It	NJURY OCCURRED 20e	PLACE OF INJURY factory, street, affic	(Home, form, ce bldg., etc.)	20f. (City	or lawn)	(Cou	unty)	(State
		that I attended th		ed fram Ser	ot. 8, 19 5 ath occurred at	11:00	M, fram	the causes of the cause of	and an the	date stated	d abar
	PHYSICIAN'S NAME (Type)	Stella Wac	hsler,	M. D.	Cat	onsvil	le 28	, Maryla	nd		
L	PHYSICIAN'S NAME (Type)	110N, 226. DATE THERE		22c. NAME OF CEMETER Catholic C	Y OR CREMATORY		22d. LOCAT	Marylai ON (City, town, o	or county)	(State)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by if

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	arificate hos been signed by the attending physician ond completely filled in by the serial director,	as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	(
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 232 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND timore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 10W50K 10mont d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? 316 WORTHWIND manor YES NO TO NAME OF DATE Middle Month DECEASED (Type or print) DEATH 19 5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH lost birthdoy) Months WIDOWED X DIVORCED yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSE WIFE OWN 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT n 10W 50 N 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 6 dags neumons DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES NO 14 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram _, 19___,that I last saw the deceased , and that death occurred at 6:41 A.M., from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. PATE THEREOF 22d. LOCATION (City, town. 229 NAME OF CEMETERY OR CREMATORY (Stote)

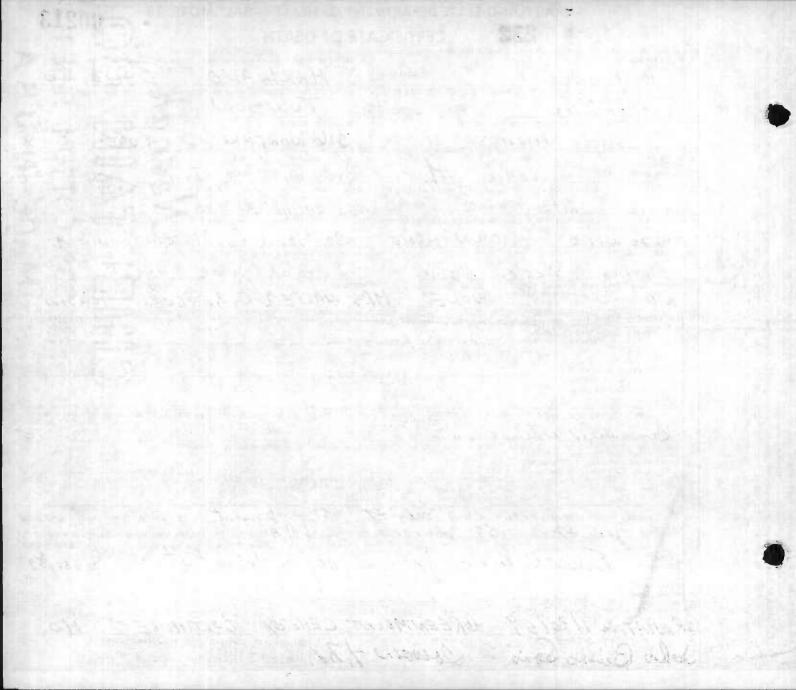
24g. REC'D BY REGISTRAR

DATE FEB 2

24b. REGISTRAR'S SIGNATURE

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22c. NAME OF CEMETERY OR CREMATORY

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22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

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(State)

HOSPITAL OR 10

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226. DATE THEREOF

22a. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	b. COUNTY	Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write R	
Catonsville	7mths9dys	4402 Taylor	r Road - Hyatt	sville, Md. /6/5
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS	a Pood	e. IS RESIDENCE ON A FARM?
	SPIGLAT.			YES NO
3. NAME OF DECRASED (Type or print) George	Hundral	Bursey	4. DATE Mon DEATH Jan	uary 28 1959
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
male white wood		July 1, 187	76 82 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
waterplant		Virginia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Unknown		Unkr	lown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT	Addı	·ess
Unknown	nknown R	ecords: SPRIN	G GROVE STAT	TE HOSPITAL
gave rise to immediate cause (o), stating the under-lying couse last.	te cardiac fai	cardiovascula		
PART 11. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BO	I NOT KELATED TO THE TERMIN	NAT DISEASE CONDITION GIV	PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRI	D. (Enter nature af injury in P	art I or Part II of item 18.)	
Haur a. m. While		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.		(County) (State)
21. I certify that I attended the deced alive an Jan. 28 19 ACTUAL SULLA WA PHYSICIAN'S Stella Wachsle NAME (Type)	59 and that death chister	accurred at 8:30	P.M., from the causes a ADDRESS (Street, city ar town,	HOSPITAL 1-29-59
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	226 NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, tawn, o	r caunty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		AY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE
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CERTIFICATE OF DEATH

Rea Dist No

-					144	y. Dist. 140.
1. NAME (Type or P	of DECEASED	F. B.	ITTNER		2. DATE OF DEATH	1-1-59
3. PLACE A. Baltim	of DEATH: ore City, Maryla	nd		4. USUAL RESIDENCE (V	# B. COUNT	Y pefore admission
B. FULL N HOSPITAL INSTITUTI	OR Gal	imore la	2 · 1 · · ·	C. CITY OR TOWN	outside corporate	limits, write RURAL and gi townshi
00	Box 2	1 Kt 1	Ilen Arm Md	X Ylen Ar		
c. Length	of stay in Baltin	nore	Yrs. Mos. Days	Box 211 Rt 1	rural, give locatio	n)
5. SEX	6. COLOR OF		GLE, MARRIED, OWED, DIVORCED (Specify	Sept 20,1881	9. AGE (In year last birthday	rs if Under I Year if Under 24 Hours Mil
HOA. USUA	L OCCUPATION (G g most of working life, even Sewe te	vekind of 108. Ki	ND OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTR
	R'S NAME	1		14. MOTHER'S MAIDEN N	AME	010-1
Theo	dore Cook			Frances Boyle		
15. WAS DE	CEASED EVER IN U.	. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT)d.d	ADDRESS 1106 Elbank A
Injui	t failure, asthenia, et ry or complication ANTECEDEN EASES OR CONDIT TO THE ABOVE CAL DERLYING CONDIT	which caused de CAUSES ONS, IF ANY, GI SE (A) STATING	THE DUE TO	nany Ocelu enioseleros	ù	
LI TRIB	ER SIGNIFICANT OUTING TO THE DEAT THE DISEASE OR CO	H. BUT NOT REL	ATED			
19A. D	ATE OF OPERATIO	198. MAJ	OR FINDINGS OF OPE	RATION		YES NO
deceas	sed alive on Sa	195	1. and that death occu	rred at 9 A m., from to 238. ADDRESS	We causes and	on the date stated about
24A. BUR TION, REMO	AL, CREMA- VAL (Specify)		24C. NAME OF CEMETI	ery or Crematory Ad. L emetery	ocation (City,	town, or county) (State
LOCAL RE	EIVED BY REGISTRAR	STRAR'S SIGN		25. FUNERAL DIRECTOR Leonard J. Ru		ADDRESS
HERL O	IFA C			DATE		

death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often R. After this certificate has been signed by the attending physician and campletely filled in by the etached for use or the burial-transit permit. Then please remove forbon process. Parks Land 3 of the haspital ar attending physician. TO FUNERAL DIR VS A15 (. 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 237

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? H ouse in the Pines 2834 Maryland Ave. YES NO 3. NAME OF Eirst 4. DATE Middle Yeor DECEASED OF DEATH (Type or print) BESSIE MARTIN CARELL. January 25 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours Female White WIDOWEDXX DIVORCED | May 20.1891 67 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) Housewife Home Georgia U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Taylor Martin Virginia Coleman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address No Mrs. Wm. T. Appleby Catonsville, Maryland 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY Juco IMMEDIATE CAUSE (o) 193.0 DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town] (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while of work at work p. m , 195 7, that I last saw the deceased 21. I certify that I attended the deceased from. , and that death accurred at 1/11, M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S Dr. George Wells. Sr. NAME (Type) 4100 Edmondson Ave., Balto., 29, Md. 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Loudon Park Burial Jan. 28.1959 Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling S. Thous John O. Mitchell & Sons, Inc. 1900 Eutaw Place

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VS A1S (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 238 CERTIFICATE OF DEATH

	238	CEKTIFICA	AIE OF DEAI	П		Reg. Dist. No	.	
	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (VO. STATE Max	1 1	ved. If institution b. COUNTY	Residence bef		ion)
1	o. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporate	e limits, write RU .e.	RAL and give no	earest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of RINSTITUTION	ver Road	g. STREET ADDRESS 2528 V	Vendove	r Road	,		IDENCE FARM? NO D
	NAME OF First DECEASED (Type or print) George W Cal	dwell	Last	4. DATE OF DEATH		uaru 1	7 1	reor 19 59
5.	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED DIVORCED DIVORCED	Sent 23.	1896	AGE (In years lost birthdoy)	Months Days	Hours	R 24 HRS. Min.
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Retred Postal Servi		STRY 1. BIRTHPLACE (Sto	te or foreign coun nd	itry)	12. CITIZEN	OF WHAT	COUNTRY
13.	FATHER'S NAME Harry Caldwell		14. MOTHER'S MAIDEN	I NAME				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16., no. or unknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO. 17. 12-18-0893	Mrs. Albe	rta Cal	dwell,		same	
	18. CAUSE OF DEATH [Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	aute Cor	many th	romb	esis	1NON 2	TERVAL BE	TWEEN DEATH south
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	ASCVA	0				Noon	e (
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	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED, (Enter noture of injury i	n Port I or Port 11	of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. Yhile p. m. 19 ot wor	Not while fo	ACE OF INJURY (Home, for octory, street, office bldg., e	erm, 20f. (City or	town)	(County)	(Slote)
	21. I certify that I attended the decease alive on	- à	1952, to	Jan 11	the causes a	that I last and on the d		
	ACTUAL SIGNATURE SECURE	H. Beck	Wo. 6014	ADDRESS (Street	ford R	oxel	1/1:	ATE SIGNE
	PHYSICIAN'S George H. Be	eck						
L	REMOVAL (Spodfy) Durial 1/14/59	1 00	onal Cem.	Bas	IN (City, town, or Limone	, Mary	land	1
23.	Leonard J. Ruck 5305	Hartord Roa	1 11 - 1	C'D BY REGISTRA		TRAR'S SIGNATI	JRE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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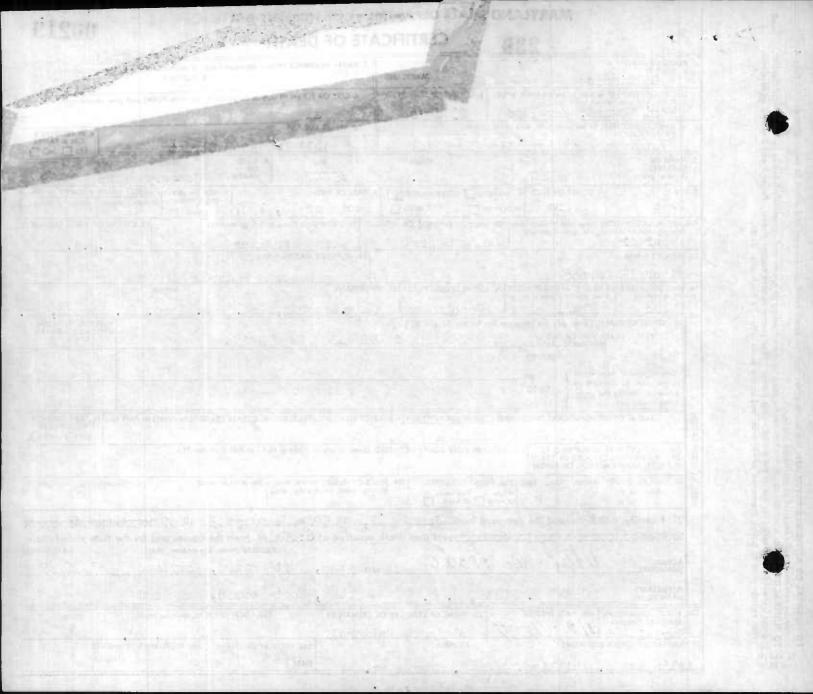
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	1. PLACE OF DEATH 6. COUNTY Baltimo	ore		MAR	YLAND	a. STATE	ence (wh		l lived. If institution b. COUNTY	is Saud	once befo	ore admis	sion)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16				rate limits, write I	RURAL ond	give nec	arest town	
	Fort Howa	ard, Maryla	and	23 days		Ba.	ltimo	re	3 Vol -	4-	경영	700	
)	d. NAME OF HOSPITA	AL (If not in hospitol, g	ive street	oddress)		d. STREET AD	P. C. C.	visio	Street	Street,			FARM?
	3. NAME OF DECEASED (Type or print)	FRED	st	Middle D.		Lost CARSO		4. DATE OF DEATH	1 7	ary	25	у	Yeor 1959
	s. sex Male	6. COLOR OR RACE		RIED NEVER MARR	40.00	DATE OF BIRTH		1007	9. AGE (In years lost birthday)	IF UNDE Months	R 1 YEAR Days	IF UNDI	ER 24 HRS. Min.
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1	during most of work	ing life, even if retired		otton Farm				or foreign co olina	ountry)	12. CI	U.		COUNTRY
1	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		2010		OF REAL	
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	IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. INF	ORMANT	to boa	ILLI L CC		Iress			
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	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASI	CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
l	THROUDO	SIS MIDDLE	CER	EBRAL ARTE	RY. R	TOHT							RMED?
		S UNDERLYING		CRIBE HOW INJURY O			injury in P	ort 1 or Port	II of item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.		While	NJURY OCCURRED Not while	20e. PLAC facto	E OF INJURY (H ry, street, office	ome, form, bldg., etc.	20f. (City	or town)		(County)		(Slote)
1	21. I certify the	at Kattended the	deceas	ed from Janu	arv 2	. 19 59	to Ja	บบลาซ	25 19 50	9 that	dructure	northe	xlacenser!
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	SIGNATURE					D		TIONAL	riar y	Land		1/42	1-27
	PHYSICIAN'S NAME (Type)	ROBERT M.	POS:	KE, M. D.		VAH,	Fort	Howar	rd, Hary	land			
1	220. BURIAL, CREMATION REMOVAL (Specify)	1 22b. BATE THERECO	F 959	22c. NAME OF CEM					ION (City, town,			(Stote	e)
12	Burial Burial Burial Burial	SIGNATURE		ADDRESS ADDRESS	e sat		240 PEC'E	BY REGIST	Baltimore	STRAR'S SI	GNATUE)F	
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-	Arlington 9	. Phillips	18	08 H. Monr	oe St		DATE						

Baltimore 17, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIR

OR: After this certificate has been signed by the attending physician and completely filled in by a page 3 should be retached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shot the registror prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIR VS A15 (4) 15M 10/57



eral director, be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page. may be retained by the hospital ar attending physician. TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be exacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifthe registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

TO HOSPITAL OR

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

240

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1	1. PLACE OF DEATH Galtimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY
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	paronserle	Jaumore 3 1 4
	d. NAME OF HOSPITAL (If not in haspital, give Greet address) OF MISTITUTION OF HOSPITAL (IM not in haspital, give Greet address)	d. STREET ADDRESS berty Heights ave SIST NOW
		The state of the s
	3. NAME OF DECEASED (Type or print) Lanuel Middle	hmar 16 - 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HAS.
	male white WIDOWED DIVORCED	last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	ISTRY 11. BIRTURIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Trocer	The state of the s
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Caron	not known
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) [(If yes, give wor or dates of service)	INFORMANT O Address
	70	annie Commar - dane
	18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	priator Farline Interval Setween ONSET AND DEATH
	Conditions, if any, which)	c Neart Failure
H	gove rise to immediate	24-12-56-11-13-1
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		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	CAT	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bidg., etc.)
П	21. I certify that I attended the deceased from 2	5, 1951, ta Jan 16, 1951, that I last saw the deceased
	alive an Am 16 1959 and that death	occurred at 6 A. M. fram the causes and an the date stated above
		ADDRESS (Street, city or town, state)
	SIGNATURE Colland Chymlerom	In TE DI PONK HERIONATE ON 1/16 59
1	Sidilarida	
	PHYSICIAN'S WILLARD Apple FELD	BALTO 15, mil
	220 AURIAL CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OF CONTROL (Sporth) 1-18-19 (MILE)	OR CREMATORY 22d. LOCATION City, town or county) (Stote)
	23 JUNERAL DIRECTOR'S SIGNATURES ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	fact Leurs DRE 2100 Estar	DATE JAN 1 9 '59 Callum & Warra

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		VIE OF DEATH	ALR	
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VS A15 (4) 1SM 10/S7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

241 CERTIFICATE OF DEATH

Baltimore 17, Md.

00221 Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY BALTIMOI	RE		MARYL	AND	2. USUAL RESI	IDENCE (W	here deceased	l lived. If instituti b. COUNTY	on: Residence	e befor	e admissi	on)
	RURAL and give no		ts, write	c. LENGTH OF STAY II	N 1b		TOWN (If a		ote limits, write R	URAL ond g	ive nea	rest town)	
-	Fort How	AL (If not in hospital, o	ive street					1016		2 4 6	1/-	efm.	
	OR INSTITUTION	s Administr				d. STREET /		ner Cou	ırt		ľ		FARM?
3.	NAME OF DECEASED (Type or print)	Fii THC	st MAS	Middle		to COAT		4. DATE OF DEATH	Janua		Doy		eor 9 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	M	B. DATE OF BIRT	Н		9. AGE (In years	IF UNDER	1 YEAR		
L	Male	Negro	WIDOWE	DIVORCED		Septembe	er 6,	1910	lost birthday) 40 yrs.		Doys	Hours	Min.
10	during most of worl	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHP	LACE (State	or foreign ca	untry)	12. CITI	ZEN O	WHAT	COUNTRY
	Laborer	ang me, even in terneu		onstruction		Balt	imore	, Mary	land		U.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S		-					
1)	James O.	Coates				Mar	y Owe	ens					
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. H	NFORMANT			Add	ress			
L	Yes	(If yes, give wor or dates of s		12-16-8736	C1:	in Recor	rds, V	et. Ad	lm Hosp.	Fort	Howa	ard,	Md.
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c).]								RVAL BET	
	PART I. DEA	TH WAS CAUSED BY:	HEP	ATIC FAILUR	Œ							DAYS	
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	lying couse lost.	the under-									1		
Z	PART II. OTH			ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	. WAS A	UTOPSY
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CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURREC). (Enter nature o	of injury in	Port I or Port	II of item 18.)				
MEDICAL	20c, TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yes	While	Not while of work	PLA foc	CE OF INJURY (tory, street, office	Home, farm e bldg., etc	n, 20f. (City	or tawn)	(C	ounty)		(State)
	21. I certify th	at Kattended the	decease	ed from Novemb	er	71958	to Ja	nuary	17, 1959	JESSES	XXX	0000	XXXXX
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1		7		/	Jedin	occorred di			eet, city or town,		e dan		d above
	ACTUAL SIGNATURE	The Was	Low		/	A.D				+			TE SIGNE.
	PHYSICIAN'S NAME (Type) C	HIEN WEI I	N. M	. D.			ZAH. E	FORT HO	HARD, MI) .	7.	/18/9	59
220		N, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OF		, , ,		ON (City, town, c			(State))
	REMOVAL (Specify) Rurial	1/2/15	9	Baltimore	Na:	tional			timore.	l d.		()	
23.	FUNERAL DIRECTOR	SSIGNATURE	Ž.	ADDRESS		ALLEY L	24a. REÇ'	D BY REGISTR	AR 246. REGIS	TRAR'S SIG	NATUR		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		TO FUNERAL DIF OR: After this certificate has been signed by the attending physician and completely filled in by	page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with	-
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VS A15 (4) 15M 9/55

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1. PLACE OF DEATH					2. USU	AL RESIDENCE (M	/here deceos			Residence	before od	mission)
Ba	ltimore			MARYLAND	0.3	Mary	land	b. CO	UNTY P	alti	Lmore	,
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENG	GTH OF STAY IN 16	c. C	ITY OR TOWN (IF	outside corp	orote limits, v	vrite RUR	AL and gi	ve nearest t	own)
Baltimor			1	ife	X	Baltimo	ore 12	2,				
d. NAME OF HOSPIT	AL (If not in hospital,	give street o	oddress)		d. 9	STREET ADDRESS					e. IS	RESIDENCE N A FARM?
	412 Murra			Rd.		6412 Mu	irray	Hill	Rd.			NOX
B. NAME OF DECEASED	Fi	rst		Middle		Lost	4. DATE OF		Month		Day	Year
(Type or print)	Charles			Cole			DEATH	4	1-	25-5	59	19
S. SEX	6. COLOR OR RACE	7. MARR	IEDX I	NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In lost birth	1 1			NDER 24 HRS
male	white	WIDOWE	D	DIVORCED	3-	17-1899	9	59	yrs.	AORITAS L	Doys Hou	urs Min.
0o. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND O	F BUSINESS OR INDU	ISTRY 11.	BIRTHPLACE (Stote	e or foreign	country)		12. CITIZ	EN OF WI	HAT COUNTR
attorne			elf	employe	d	Maryl	land			J	J.S.A	
3. FATHER'S NAME			3		14 M	OTHER'S MAIDEN	NAME					
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IS. WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL	SECURITY NO. 17.	INFORMA	NT			Address			
no			non	e	Eliz	abeth S	. Co	le.	ab	ove		
18. CAUSE OF DEA	TH [Enter only one c	ouse per tin	e for (o), (b), ond (c).]								BETWEEN
PART I. DEA	TH WAS CAUSED BY:	0	AV	cinoma	0:	+ lun	11				UNSET A	ND DEATH
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gave rise to it	mmediate	b)										
lying couse last.	the under- DUE TO)										
		c)	ONTRIB	UTING TO DEATH BUT	T NOT PEI	ATED TO THE TEDA	AINIAI DISEA	SE CONDITIO	NI CIVEN	I INI OART	1/01/19 W/	V29OTILA 2A
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OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 0050	KIOC M	OW INJURY OCCURRE	D. (Enler	noture of injury in	rorr I or ro	rr II or irem i	0.]			
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20c. TIME OF INJUR Hour o. m.		While	_ No	ot while fo	ctory, stre	et, office bldg., et	ic.)	y or town)		(Co	ounty)	(Stote)
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21. I certify th	at I attended the	decease	ed fran	m. Septem	ber	19.5% ta_	MUNIT	My 15	2.5.9.1	that I la	st saw t	he deceas
alive on	25	19.5	9	, and that death	-		-	m the cau				
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ACTUAL SIGNATURE	lule i.c	ナハ	Vo	rales	MD	•						1-28.
SIGITATORS	-		1	1								/
PHYSICIAN'S NAME (Type) P	hilip F. W	aglev		00	2 67	Clares C4	70 7	, .		м.		
20. BURIAL, CREMATIO	N. 22b. DATE THERE	OF	22c N	IAME OF CEMETERY O	OR CREMA	Liberas St	-	TION (City,		county)		Stote)
REMOVAL (Specify)	1-27-5		_	ospect H				son l			(:	J. J. C.
3. FUNERAL DIRECTOR				DDRESS		240 050	D BY REGIS			AR'S SIGN	VATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	6) 244	CERTIFICA	ATE OF DEATH		R	Reg. Dist. No.	
	PLACE OF DEATH		2. USUAL RESIDENCE (Whe			Residence befa	re admissian)
	Baltimore	MARYLAND	Md.	Ь. С	B	altimo	re City
- 1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corporate limits	write RUR	AL and give ned	arest tawn)
	Catonsville	Name of the last	Carton	s+1116/	Balt	imore	29 3V
	d. NAME OF HOSPITA (In or Interpret) Mano	Home Home	d. STREET ADDRESS	85 Linar	d Str	eet	e. IS RESIDENCE
	5743 Edmondson		/57/43/Edm/9h	GAON/YA	/		YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Manth	Do	y Year
	(Type or print) Catherine	T. Conv	Wa.V	DEATH	Jan.	26.	1959
5. 9	SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE (I	n yeors IF	UNDER 1 YEAR	-
	P. W. WIDOWE	D DIVORCED 🗌	Sept.16.189		yrs.	Manths Days	Haurs M
10a	b. USUAL OCCUPATION (Give kind of work dane 10b.) during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State a	r foreign country)		12. CITIZEN OF	WHAT COUN
		wn Home	Md.			USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	Owen McLaughl	in	Margaret	O'Malle	Z		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no, or unknown) 1 (If yes, give wor or dates of service)		NFORMANT	4 3 4 4 4	Address		
(10:	(if yes, give wor or dates or service)	Wa	alter L.Conw	ay.712 (athe	dral S	t. (So:
	1B. CAUSE OF DEATH [Enter only one cause per line	e far (a), (b), and (c).]		1372 5	-	INT	ERVAL BETWEE
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-	PART I. DEATH WAS CAUSED BY:	PARTENS	IVI 4ART	4.8710.50	(eR	OTICONS	SET AND DEA
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		WE +ART		L(eR	OTIC	SET AND DEAT
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Z	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	rdiovase	utar Dis	وعجر		OTIC	s'yrs
ATION	Conditions, if any, which gave rise to immediate cause (a), stoting the under-	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	وعجر		OTIC	9 WAS AUTOP
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allivametal ava monager Early Long. Long. Carl Manager Ava Cathorina di Coway Land re Attendance to the second of Louisewife Own Home Welling Community onen Nolunghlin Land L. Conway, Vil Der Hodral bt. (Spr.) BUT TOTAL SERVICE AND THE BUT BUT BETTE BETTE Burial 1/23/89 Par Settedical Palts. Mile. Mil. titale comoral Dir. 101 Mondandon Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 245 Reg. Dist. No with directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STAMaryland Filed b. COUNTY MARYLAND Baltimore neral CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) PIO Baltimore 26 Davs Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by 1400 Riggs Avenue YES NO NO Veterans Administration Hospital NAME OF 4. DATE Middle Manth Year filled DECEASED 1959 COUNTERS Pages (Type or print) JAMES E. DEATH January 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 127 8. DATE OF BIRTH (ast birthday) Months Days WIDOWED | January 11. 1893 DIVORCED | plet 6 Syrs. Colored papers. Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) Baltimore, Maryland Unknown pup Laborer-unemployed carban 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician Sophie Shanks John Counters remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Clin. Rec., Vet. Adm. Hospital, Fort Howard, Maryland 72 attending 218-100-978 Yes edse 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA, LEFT UPPER LOBE IMMEDIATE CAUSE (a) PNEXTO WITH METASTASIS TO ADRENALS permit. Canditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remaval PERFORMED? hd d YES X NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) factory, street, affice bldg., etc.) Haur a.m While Nat while at work at work 21. I certify that attended the deceased from December 11, 1958 to January ative at the course of the course and an the date stated above. OR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL VAH, FORT HOWARD, MARYLAND SIGNATURE ā FUNERAL DI 3 shauld PHYSICIAN'S HOSPITAL CHIEN WEI LAN. M.D. NAME (Type) 220. SURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) page may REMOVAL (Specify) Baltimore National Cem. Baltimore, Maryland Burial 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAIAN 1 3 '59 Cirilian S. Minus VS A15 (4) Arlington S. Phillips 1808-10 N. Monroe St 15M 9/58 Baltimore 17.Md.

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00227

CERTIFICATE OF DEATH

247			Reg. Dis	. No
1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEASE	D
COUNTY Baltimore	MARYLAND	STATE MA	COUNTY Bell	imore
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporata	limits, write RURAL and give nee	
TOWN TOWNSON	la war S	TOWN -	ISON	
HOSPITAL OR INSTITUTION OR	1	STREET ADDRESS	(If rural give location)	
STREET ADDRESS 713 Hillen St		713 HI	llen st.	
3. NAME OF (First) DECEASED	(Middla)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	puis (_RONHAKDT	DEATH JAY .	21 1957
S. SEX 6. COLOR OR 7. SINGLE, MAR	RIED, 8. DATE	OF BIRTH 9.	AGE last birthday IF UNDER	
Male white (Specify) w	Idowed JAN	3 1881	78 yrs. Months	Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work dona during most of working life, even if	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	country) 1:	2. CITIZEN OF WHAT
rotired) Watch makeR		Baltimore	Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
John L. Cronhardt		MINNIE /	RAISER	
	16. SOCIAL SECURITY NO.			LEd/esul
(Yas, no, or unk.) (If Yes, give wer or datas of servica)		Carrie Jos	rephineNutu	18/ Md. "
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	1.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	CEREBRA	-1 ThRombi	6515	
ANTECEDENT CAUSE(S) DUE TO	OPTEDING	TUERNSIS		
DISEASES OR CONDITIONS, IF ANY, (B)	COKILAIN	3 61 10 10 10		
STATING UNDERLYING CAUSE LAST, DUE TO				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
				YES NO
	me, farm, factory, , office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (Cou	nty) (Stato)
	e. INJURY OCCURRED	21. HOW DID INJURY OCCUR?		
	work et work	1	101 00	
22. I hereby certify that I attended the dec	eased from 195		19 29, that I	last saw the deceased
	d that death occurred a	at 7:15 PM from the caus	and on the date state	ed above.
SIGNATURE Share	10.	SYC A ADDRES	(Straat, city, May state)	PATE SIGNED
Demon Mary	M.D. 8	158 0000 V	www. Xw.	100454 1/22
23. BURIAL, CREMATION DATE THEREOF REMOVAL (SPECIFY) BUYIAL	Wood field		Les ville 1	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	RE	25. FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS
DATEN 26 '59 China & trans		Buced How	robuty Al	will call

CERTIFICATE OF DEATH THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN Carle Call

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

248 CERTIFICATE OF DEATH

Rea. Dist. No.

MIU			Reg. DI	51. NO.
1. PLACE OF DEATH o. COUNTY Ba 1-tz.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution: Resident b. COUNTY	1-4-
RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (If o	ulside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2012 Engle Wood A	ve.	d. STREET ADDRESS	gle wood Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Paul E. Cru	Middle	Lost	4. DATE Month OF DEATH	Day Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEV		Dec. 16. 189 1	9. AGE (In years less birthday) (3 yrs.	1 YEAR IF UNDER 24 HRS Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF Buduring most of working life, even if retired)	0, 1	- 1	1 m/	TIZEN OF WHAT COUNTR
ASSIT. TO WUTES ACCOUNTERN ISET h.	Steel	14. MOTHER'S MAIDEN N	IAME /	U.S. H
Henry Crum		Alice	Tramer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	2010 M.	5. Marjorie.	E. Crum - 2012 En	glewood Ar
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate), and (c).] war etters	y Occ	lusiers "	INTERVAL RETWEEN ONSET AND DEATH
couse (a), stating the under DUE TO Lying couse last. (c)	rio	-selece	azes	101.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING 20b. DESCRIBE HOW (IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	INJURY OCCURRED	. (Enter nature of injury in P	Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. P. m. 19 While Not what at work at work at work	hile foct	CE OF INJURY (Home, form, ary, street, affice bldg., etc.	, 20f. (City or town) ((County) (State)
21. I certify that y attended the deceased from olive on 12/20/50, 19, a	and that death	0 19 to 10 10 10 10 10 10 10 10 10 10 10 10 10	M, from the couses and on the	last saw the decease he dote stated obov
ACTUAL HU Haeps	2	1.0. 5.201 Lev	ADDRESS (Street, city, or town, state)	DATE SIGN
PHYSICIAN'S NAME (Type))	(
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAMI SEMOVAL (Specify) Jan. 7, 1959 M. 7.	E OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or county) Frederick	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRE	ESS	240. REC'D	BY REGISTRAR 246. REGISTRAR'S SIG	GNATURE
John Testanshury -6411 W. nols	15 M.11	NATO DATE 18	N 7 '59 Cathur 8	War A

should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital ar attending physicion.

TO FUNERAL DIFC DR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remays-carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 haves after death. VS A15 (4) 15M 10/57

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神	ATE OF DEN	830	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Pel II MARYLAND death. erol b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Iffautside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) MONIUM MONIUN d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? GREENSPRING YES NO NAME OF Middle 4. DATE Yeor Month Day DECEASED (Type or print) DEATH 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS S. SEX WHIT FEMALE WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) I'I 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) UMPANION carbon 13. FATHER'S NAME -ELLEN-MECLELLA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per_line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which mi. gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item IB.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) G. m. While Not while of work of work p. m. 1975, 10 I/AN 1957, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL prior DIR. should PHYSICIAN'S NAME (Type) FUNER, m 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Oritun S. Migue 15M 9/SS

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FOR STATE HEALTH DEPT.

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of Health, EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please state the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral different hauld be for death at the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files. UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 250

Reg. Dist. No.

	6101							distribution of the second	
1. PLACE OF DEATH O. COUNTY B	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore								
b. CITY OR TOWN (If ond give negret foun) Bengies	(20) Md.	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo (21)	orale limits, write	RURAL ond	give nec	orest town)
	Bengies C		pitol, give street address)	d. STREET ADDRESS 389 Lang	Ley Rd.				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Willia		Middle rell Dail	Lost	4. DATE OF DEATH	Month January		Doy	Yeor 19 5.9
5. SEX			D NEVER MARRIED	May 7, 1921		P. AGE (In years lost birthday) 37 yrs.	IF UNDER 1		Hours Min.
	N (Give kind of work		IND OF BUSINESS OR INDUS			untry)	12. CITIZ		WHAT COUNTRY?
13. FATHER'S NAME Willia	m E. Dail			14. MOTHER'S MAIDEN					
15. WAS DECEASED EVE (Yes, no, er unknown) Yes	R IN U. S. ARMED FO (If yes, give war or dates of WWLL)	service)		NFORMANT Ewiford Fune	ral Hom	Address e Elizab	eth, 1	V.C.	
Conditions, if an gave rise to immed (a), stoling the u couse lost.	nderlying DUE TO	(Lutin	BIL	/W/14	CONDITION CIT			
PART II, OTH 200, EXTERNAL CAU PRIMARY 20 or CON CAUSE OF DEATH.	EK SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INALDISEASE	CONDITION GIV	EN IN PAKI		PERFORMED?
	SE WAS ITRIBUTING []	/AXi	WAS ST	Rick by	P.	RR. 1	RAN	N	Bergi En
20c. TIME OF INJUR	Month, Doy, Yes	- 11000	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, Fire lary Greet, office bldg., etc	n. 20t. (City	11. 0 (Di)	Bau	A)	Ture (Sigte)
	ot I took charge resulted fram: I		emoins described obcauses, Accident	_/ _	y □, In Homicide	spection D .	Inquiry rmined m	-	ond in my
ACTUAL SIGNATURE	20	arr	~	M.D. CHIEF MEDICAL E				1	DATE SIGNED
EXAMINER'S NAME (Type)	m.B.J	AVI	's MD	DEPUTY MEDICAL	EXAMINER []	Ž	1	ry	159
220. BURIAL, CREMATION REMOVAL (Specify)	1/24/59)F	20c. NAME OF CEMETERY OF Twiford Fune:			ON (City, town, oabeth N			(Slo4)
James Bru	1 Just of	107 Ea	stern Ave Rd.	240. REC	D BY REGISTR AN 26 '5	AR 24b. REGIS	Thur &		

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		TO	CERT	IIICA	IL OI	DLAI			Reg. [Dist. No.		
1. PLACE OF DEATH a. COUNTY BA	LTIMORE		MAI	YLAND	a STATE			d lived. If institut b. COUNT		ence befo	re admiss	ion)
b. CITY OR TOWN (I RURAL and give ne BALTIM	f autside corporate time arest town)	its, write	c. LENGTH OF STA	Y IN 1b	-	OR TOWN (II		orate limits, write	RURAL one		prest town)
	AL (If not in hospital,			D RD		T ADDRESS		MEDA			-	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Tree - on a .	A. DA	Middl AUTERICH	le		Last	4. DATE OF DEATH	JAN.		959	,	reor
5. SEX	6. COLOR OR RACE	7. MARR	DIVORCE		DEC.	18,1	880	9. AGE (In years last birthday) 78 yrs	Months	Days Days	Haurs	R 24 HRS. Min.
HOUSEWI	ing life, even if retired	i)	KIND OF BUSINESS AT HOME	OR INDUSTR			te ar fareign of UNDEL	COUNTY	12. C	US.		COUNTRY
13. FATHER'S NAME	EL RICHAI	ensoi	1			FRACE		DOM				
15. WAS DECEASED EVE		RCES? 16.		0. 17. INF	ORMANT	RAYMO	ND H.		dress		SAM	Tr.
Conditions, if o gave rise to it cause (o), stoting lying couse last.	the under-		Parkin	son	othe	Hen Di	A &	Desem		ONS	Fryal BE SET AND 5 y	DEATH 2.
200. ACCIDENT WA	S UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	Jen	CRIBE HOW WILLIAM	an	tens	<u>;</u>	lelen	no -	VEN IN PA	RT 1(a) 1	PERFO YES	AUTOPSY RMED? NO [2]
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. It While at wor	Not white at work	20e. PLAC facta	E OF INJU	RY (Hame, fa ffice bldg., e	rm, 20f. (Cit	y or tawn)		(Caunty)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		L-C	_^	nt death a	o. 4	108 J	ADDRESS, (S	m the couses itreet, city or town	ond on state)	the do	te stote	TE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR	1/6/59	OF)	22c. NAME OF CENTROLOGY ADDRESS	PARK		ETERY		TION (City, town,		YLAN		e)
	NDER & SC	I PMC		PTMOR	E MD	DATE	IN 6 '5		Thun S.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIS OR: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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	MARYLAND	STATE	DEPARTMEN	IT OF	HEALTH-	BAL	TIMORE,	18	
-	MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF	DEATH		

00232 Reg. Dist. No.

		•								
1. PLACE OF DEATH a. COUNTY Baltim	ore		MARY	11	2. USUAL RESIDENCE	(Where deceo	sed lived. If instit b. COUN			nission)
b. CITY OR TOWN ond give nearest tow Dundal		RURAL	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Dundalk					
	ng Court	not in hosp	ital, give street address	1)	d. STREET ADDRESS / 108	King C	ourt, So	llers H	0.0	RESIDENCE N A FARM? NO TO
3. NAME OF DECEASED (Type or print)	First RUSS		Middle		DAVIS	4. DATE OF DEATH	Januar Januar		8 8	Yeor 19 59
s. sex Male	10-1	7. MARRIEI WIDOWED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years tay birthday) 49 yrs.	Months Da		DER 24 HRS. Min.
10a. USUAL OCCUPAT during most of working Lahor	ION (Give kind of work ding life, even if retired) Or		mployed	NDUSTRY	Ri chmond,			U.S.		T COUNTRY?
13. FATHER'S NAME Unkno	wn			1	14. MOTHER'S MAIDEN Unknow					
15. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give war or dates of se		OCIAL SECURITY NO.		ormant ary Coleman	, 112	Address King Cou		dalk	22, Md
Conditions, if gove rise to imme (a), stoling the couse fost.	underlying DUE TO		ronary Occl							
<u> </u>	HER SIGNIFICANT COND							VEN IN PART 1	19. WAS PERF YES	ORMED?
	ONTRIBUTING	11	Im		er nature of injury in Pa					
20c. TIME OF INJU		Wille	Not while k of work	foctor)	Of INJURY (Home, for y, street, office bldg., et	m. 120f (City	oc.lown)	(County)	(State)
ACTUAL SIGNATURE	hat I took charge resulted fram: N Melvin B. Da	atural co	auses (C), Accid	lent [Hamicide EXAMINER CAL EXAMINE	R 🗆	ermined ma	DATE	signed
	Jan. 15,		Mount Cal		REMATORY	22d. LOCA	TION (City, town,	or county) ne Arund	el Co	ote)
Elroy O.		1000	Brantley	Ave.	DATE	JAN 1 6	159 246. REGI	arthur S.		

NOT THE REPORT OF THE PROPERTY OF THE PARTY il director, filed with

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

O. STATE

Maryland

252	CERTIFICATE	OF DEATH

MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

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		X

1. PLACE OF DEATH
O. COUNTY
Baltimore

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attending physician and campletely filled in please remove carban papers. Pages 1 of within 72 hours after death. **DR:** After this certificate has been signed by stached far use as the burial-transit permit. page 3 shauld be detached for use as the burial-transit per the registrar prior to burial, cremation, or removal, and in the haspital ar attending

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR TO FUNERAL DIS page 3 shauld by VS A15 (4) 15M 10/57

	RURAL and give n		7 Days	o. CITY OR TO Balti		corporate limits,	1	d give nea	rest town	V
	d. NAME OF HOSPI OR INSTITUTION Veteran	TAL (If not in hospital, give stre s Administrati		d. STREET AC	ontiac	Avenue			ON A	
3.	NAME OF DECEASED (Type or print)	ANDREW First	(Jackson)	DEATON Lost		DATE DEATH Jan	Month wary	32	<u>5</u> Y	^{(eor} 59
5.	Male		ARRIED NEVER MARRIED WED DIVORCED [1 4 17 05	, 1898	9. AGE (In	years IF UND Month:	ER 1 YEAR Doys	Hours	R 24 HRS. Min.
10	during most of wor	ON (Give kind of work done 16 rking life, even if retired)	Ob. KIND OF BUSINESS OR I		CE (Stote or for		12. (U. S.		COUNTRY
13.	Lewis Dea	ton		Emma Gi						
15 Y	WAS DECEASED EVE	ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 213 -18-1092	17. INFORMANT Clin.Rec.,	Vet. Adm	n.Hospita	Address 1,Ft.Ho	ward	,Md.	
		ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		RONCHOGENIC	CARCIN	OMA, RIG	HT LUNG	ONSI	RVAL BET ET AND NLNO	DEATH
7	Conditions, if a gove rise to i couse (o), stating lying couse lost.	the under-		ULMONARY TU					.5 YE	ARS
CERTIFICATION	PART II. OI	HER SIGNIFICANT CONDITION						ART 1(o) 19	PERFOR	RMED?
		AS UNDERLYING D 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (Enter noture of	injury in Port I	or Port II of item 1	8.)			
MEDICAL	Hour o. m.	Whi		e. PLACE OF INJURY (He factory, street, office	ome, form, 201 oldg., etc.)	f. (City or town)		(County)		(Stole)
2	ACTUAL SIGNATURE	HIEN WEI LAN,	XXXXX and that de		7:115A.M. ADDR	fram the cau ESS (Street, city or	ses and an town, state)		e state	
220	REMOVAL (Smecify)		Back Ceme		22d.	Jackson,	Kentuc	KÅ)	(State)	
	FUNERAL DIRECTOR J. Tickner	N	Jorth and Per	nsylvania Maryland	PATELAN 1		REGISTRAR'S !			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIFFETOR: After this certificate has been signed by the attending physician and completely filled in by oneral director, page 3 should etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 smalld be filed with
the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	3.3		Keg. L	DIST, NO.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland	b. COUNTY Pri	ence before admission) ince Georges
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	carporate limits, write RURAL and	d give rearest town)
RURAL ond give nearest town) CatonSville	llmth23dys	Mt. Rainier,	. Maryland /	616.2
d. NAME OF HOSPITAL (If nat in hospital, give OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE
	HOSPIT AL	4102 - 32nd	Street	YES NO
3. NAME OF First DECEASED (Type or print) Marinu	Middle	De Gast 4. D.	ATE Month	Doy Year 15 19 59
		B. DATE OF BIRTH	9. AGE (In years IF UNDE	ER I YEAR IF UNDER 24 HRS.
	IDOWED DIVORCED	Jan. 25, 1893	fast bighday) Manths	Doys Haurs Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	106. KIND OF BUSINESS OR INDUS	STRY II. BIRTHPLACE (Stote or fore Holland	eign country) 12. C	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0	
Arie DeGast		Jeantje	Lusterl	euro
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes. no. or unknown] [If yes, give wor or dotes of service 1918-21	16. SOCIAL SECURITY NO. 17. III	NFORMANT COrds: SPRING GF	ROVE STATE HOS	SPITAL
Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse last. Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse last.	Arteriosclerotic a	cardiovascular di	is ease	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I o	ar Port II of item 18.)	
Hour o. st.		ACE OF INJURY (Hame, farm, 20f. tary, street, office bldg., etc.)	. (City or town)	(County) (State)
21. I certify that I attended the de alive on Jan. 15 ACTUAL SIGNATURE SULLA WORK PHYSICIAN'S NAME (Type) Stella Wachs] 220. BURIAL CREMATION, 22b. DATE THEREOF	and that death arbiter	occurred at 10:30 ^P M, ADDRE M.D. SPRING GROV Catonsville	from the causes ond on ess (Street, city or town, state) /E STATE HOSPI 28 Maryland	DATE SIGNEE TAL 1-15-59
Bremoval (Specify) Jan, 19/5	9 Fort Lin	r CREMATORY 22d, I	LOCATION (City, town, or county)	wor, md.
23. FUNERAL DIRECTOR'S SIGNATURE	al Home Rais	MAL 240. REC'D BY R	registrar 24b. registrar's s	

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			A STORE OF BUILD AND A STORE OF BUILDING AND A STORE O

riar to burial, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REPLY OF THE PROPERTY OF THE PROPE

8 00235 Reg. Dist. No.

o. COUNTY		C CTATE	- L COUNTY	on: Residence before admission)
Baltimore	MARYLAND	Maryl Maryl	and b. COUNTY	Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		tside corporate limits, write R	
Dundalk (22)	l year	53 3405	Old North P	oint Road
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
3405 Old North Point	Road	Dunda	1k (22)	YES NO
3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 4. P. R.	ALBERT De 1	Roose 4.	DATE Month OF DEATH	15 Day Year 1959
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	Land Admittal and A	IF UNDER TYEAR IF UNDER 24 HRS.
male white WIDOWE	DIVORCED	July 22,191	O Last birthdoy) yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUST	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator	Steel	Illinois		USA
13. FATHER'S NAME	TELETITE LA LEIN	14. MOTHER'S MAIDEN NAM	AE	
Frank DeRoose		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	13-09-2946	Virginia S.	DeRoose sa	me as #2
18. CAUSE OF DEATH [Enter only one cause per Hing.	or (o), (b), ond (c).]	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	RONATY (Dec /45/02		ONSET AND DEATH
420. / DUE TO				
Condition If an alta N				
gove rise to immediate couse				
(o), stoting the underlying DUE TO				
, (0)	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(A) 19 WAS AUTOPSY
				PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (Er	ster noture of injury in Port L	or Port II of item 19 \	LIST WOLL
PART II, OTHER SIGNIFICANT CONDITIONS CO	THO THOUSE DECORALD. (E.	not notice of injury in Fort Fo	ron non nem is.	
	NJURY OCCURRED 200, PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
Hour o. m. While	£	ry, street, office bldg., etc.)	zor. (City or lown)	(County) (State)
21. I certify that I taak charge of the r	emains described abay	e, held an Autapsy [, Inspection ,	Inquiry X, and find that
death resulted from: Natural causes	, Accident , Suid	ide 🔲, Homicide 🛚	, Undetermined ca	use .
la VIA Va	00.			
SIGNATURE ACCOUNTS	lleres	M.D. CHIEF MEDICAL EXAM	INER 🗌	DATE SIGNED
EXAMINER'S TO DO P	11 -	ASSISTANT MEDICAL E	XAMINER	1-16.19
NAME (Type) / JACK C	ILINS	DEPUTY MEDICAL EXA	MINER 🗷	1-12-7
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	REMATORY 22	d. LOCATION (City, Iown, or	county) (Slote)
Burial 1/17/59	BelAir Memo	rial	BelAir, Mary	land
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D 8'	4 4	RAR'S SIGNATURE
Waller Brooks Dred	ley Loundal	k 22 DATE JAN	19'59 aris	hun S. Hines
	P.H.			

VS. A15ME(5) 5M 9/55

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K ALLENDING PRINCIPAL: The Idw requires	ed, he haspital ar attending physician.	RECOR: After this certificate has been signed	be detached far use as the burial-transit perm	
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OR ALIENDING PHISICIAN: The law requires	ined, he haspital ar attending physician.	DIRECTA: After this certificate has been signed	ild be detached far use as the burial-transit perm	
IL OK ALIENDING PHISICIAN: The low requires	rained, he haspital ar attending physician.	L DIRECTA: After this certificate has been signed	suld be detached for use as the burial-transit perm	
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I AL OR ALIENDING PRINCIAN: The law requires	retained, he haspital ar attending physician.	RAL DIRECTAR: After this certificate has been signed	should be detached for use as the burial-transit perm	
PIAL OR ALENDING PRINCIAN: The low requires	e retained, he haspital ar attending physician.	ERAL DIRECTR: After this certificate has been signed	shauld be detached far use as the burial-transit perm	
SPILAL OR ALLENDING PRINCIAN: The low requires	be retained, he haspital ar attending physician.	VERAL DIRE. R: After this certificate has been signed	3 shauld be detached far use as the burial-transit perm	
OSPITAL OR ATTENDING PRISICIAN: The Idw requires	be retained, he haspital ar attending physician.	INERAL DIRECTA: After this certificate has been signed	e 3 shauld be detached far use as the burial-transit perm	
TOSTIAL OR ALIENDING PRISICIAN: The law requires	be retained, he haspital ar attending physician.	UNERAL DIRECTR: After this certificate has been signed	ge 3 shauld be detached far use as the burial-transit perm	
HOSPITAL OR ALLENDING PHISICIAN: The Idw requires	hay be retained, he haspital ar attending physician.	FUNERAL DIRECTR: After this certificate has been signed	age 3 shauld be detached far use as the burial-transit perm	
ACTUAL OR ATTENDING THIS CAME IN THE LOW REQUIRES THAT THE GEGIN CETTIFICATE DE EXECUTED WITHIN 24 HOURS SITE TOUR	may be retained, he haspital ar attending physician.	O FUNERAL DIRECTA: After this certificate has been signed by the attending physician and campletely filled in by the Toneral directar,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shoyd—be filed with	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 254 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND BALTIMORE BALTIMORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) EASTWOOD FASTWOOD d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 00 GOUGH ST, 7107 GOUGH ST NAME OF 4. DATE DECEASED STANLEY DABROWKA-DOMBROSKI. DEATH (Type or print) 25 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) CROWN, CORKY SEAL MACHINIST BALTIMORE, MD. 13. FATHER'S NAME MARY GRYGLEWSKA. FRANCIS DABROWKA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Metastatic carcinoma IMMEDIATE CAUSE (o) DUE TO Inoperable carcinoma of the rectum Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not while ot work ot work 21. I certify that I attended the deceased fram. , and that death accurred at 10 HO PIM, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL 7001 Mornington Road SIGNATURE PHYSICIAN'S Eugene F. Nevy Baltimore 22, Maryland NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) BALTO. 24. MD 1SM 9/S8

e. IS RESIDENCE

Hours

ON A FARM?

YES NO DE

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U. S.A. AMELIA DABROWKA-DOMBROSKI SAME INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (Stote) 19,5 mat I last saw the deceased DATE SIGNED (Stote) 7225 EASTERN BLVD. MD. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS A15 (4) ISM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

255

4700			Reg. Dis	st. No.
1. PLACE OF DEATH G. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who STATE Maryland	ere deceased lived. If institution: Resident b. COUNTY	ce before admission)
b. Citt Ok TOWN (if doiside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside corporate limits, write RURAL and g	give nearest town)
RURAL ond give nearest town) Fort Howard	81 Days	Baltimore	3401	4
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE
Veterans Administration	n Hospital	3211 Wister	ia Avenue	YES NO NO
3. NAME OF First DECEASED (Type or print) WILLIAM	Middle H.	DUFFY	4. DATE Month OF DEATH January	16 Yeor 19 59
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
Male White wildow	WED DIVORCED	April 7, 189	13 last birthdoy) Manths yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Policeman- retired	b. KIND OF BUSINESS OR INDU Railroad	Emmitsbur	or foreign country) 12. CIT	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Samuel Duffy		Harnett Tur	ner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service) WW. I	6. SOCIAL SECURITY NO. 17.	INFORMANT lin.Rec.,Vet.A	Address Address Howa	ard, Md.
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. Part II, Other Significant Conditions Part II, Other Significant Conditions	RCINOMA OF RIGHT	Horelysche Hersen bilateral 127	4/58 Biopsy, Rt. Lung	
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II af item 18.)	
Hour o. m. p. m. 19 While	e Not while fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		County) (Stole)
21. I certify that Fattended the deced	sed from October	27, 1958, to Ja	nuary 16, 19 59, that PR	ast rowther decoase
NOT THE REAL PROPERTY OF THE P	XXXXX, and that death	occurred at 1:25	AM, from the causes and an the ADDRESS (Street, city or town, state)	ne date stated above
SIGNATURE & Prema		M.D. VAH, FORT	HOWARD, MARYLAND	1/16/59
PHYSICIAN'S IRVING FREEMAN,	M.D., Chief, M	edical Servic	е	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial	Baltimore Na		22d. LOCATION (City, town, or county) Baltimore, Marylar	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	5305 Harford F	load 240. REC'D	BY REGISTRAR 246. REGISTRAR'S SIG	
Leonard J. Ruck	Baltimore, Md.	DAIL		

----Currous to Editorio Contract and the Contract The state of the s To provide the second second place people of the control of

D FUNERAL DIR MR. After this certificate has been signed by the ottending physician and completely filled in by the peral director, page 3 should be detached for use as the burial-tronsit permit. Then please remaye corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hays-after death. TO FUNERAL DIR

VS A1S (4) 1SM 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 256

CERTIFICATE OF DEATH

Rea. Dist. No

1. PLACE OF DEATH o. COUNTY Baltimo	re		MAR	YLAND	2. USUAL RESIDE	yland	re deceased	lived. If institut b. COUNTY		before o	dmission)
b. CITY OR TOWN (If RURAL and give nec		s, write c	LENGTH OF STAY	IN 1P				ote limits, write	RURAL ond gi	ve neares	town)
Fort Ho	ward, Mary		95 days		Bal	timo	re	3	VO1-	- 4	
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street odd	dress)		d. STREET AD	DRESS					S RESIDENCE
4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Administr	ation	Hospital		57	15 L	och Ra	ven Bou	levard		ES NO
3. NAME OF DECEASED (Type or print)	Fin JAM		Middle W.		Lost DUN	N.JR	4. DATE OF DEATH	۸۰ Janu		Day 24	Yeor 1959
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	8. DATE OF BIRTH		1	P. AGE (In years			
Male	White	WIDOWED	DIVORCE	D	September	30.	1917	lost birthdoy)		Doys H	ours Min.
10a. USUAL OCCUPATION during most of worki Clerk-Typi 13. FATHER'S NAME	ng life, even if refired)				Co. Balt	imor	e, Mar			U.S.	VHAT COUNTR
JAMES W. I	DUNN. SR.				MARY	CHAP	PLE				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		CIAL SECURITY NO). 17. 1	NFORMANT			Ado	Iress		
YES (19	t yes, give wor or dotes of se	21	5-03-5543	C	lin. Reco	ords,	Vet.	Adm. Hos	p. Ft.	Howa	ard, Md.
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	the under- ER SIGNIFICANT CONI RHEU	DITIONS COM	NTRIBUTING TO DE	IS			IAL DISEASE			1(o) 19. v	VAS AUTOPSY ERFORMED?
	MEDICAL EXAMINER)										
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	Not while of work	20e. PL fo	ACE OF INJURY (He story, street, office I	ome, form, oldg., etc.)	20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify the	XXXXIII TENDED THE	deceased	framOctobe	r 2]	1958 ,	toJan	uarv	24. 1959	actor of the	WEEKE	thexdecease
ACTUAL SIGNATURE	LYDE B. COF	B (second that		occurred at_	12:15	DM, fram DORESS (Str		and an the	e date :	
20. BURIAL, CREMATION REMOVAL (Specify)		F 2	Re. NAME OF CEM		R CREMATORY	******	22d. LOCATI	ON (City, town,	or county)		(State)
23. FUNERAL DIRECTOR'S	signature Ller Inc. 2)135 E	ADDRESS		1		BY REGISTR	AR 24b. REGI	ISTRAR'S SIGN		

当他就们到了黑黑人的话,你是我们就是我们的不是这些我们的

Cedar Grove

Rd., Towson

ADDRESS

York

e. IS RESIDENCE

YES NO X

Year

ON A FARM?

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Day

F BIRTH		9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS.
1-1914		44 yrs.	Months	Days	Haurs	Min.
BIRTHPLACE (State o	r foreign c	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY?
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THER'S MAIDEN NA	ME					
Minni	e A.	N1ckel				
NT		Address				
thy J. F	oste	r, New F	reed	om,	Pe	nn.
ARCTION	J				TAND DE	
TED TO THE TERMIN	IAL DISEASI	E CONDITION GIV	EN IN PAG		9. WAS PERFO	AUTOPSY PRMED?
re of injury in Port I	or Port II	of item 18.)				
UURY (Home, farm, t, office bldg., etc.)	20f. (City	or tawn)	(Co	unty)		(State)
ld on Autopsy		spection .	Inqui	ry 🔃	ond	find that
, Homicide	, Ui	ndetermined c	ause [].		
					DATE S	IGNED
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240. REC'D		-	Id .	GNATIII	PF.	
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VS. A15ME(5) 5M 9/55

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23. EUNERAL DIRECTOR Y SUGNATURE

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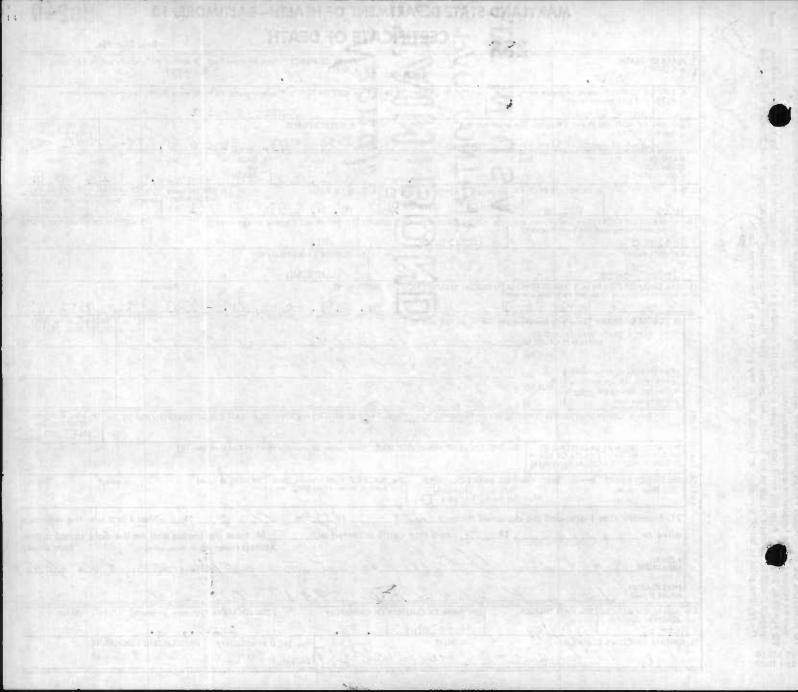
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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
Item	2d, Film G-237 CERTIFICATE	1/20/59.c.	
	CERTIFICATE	OF DEATH	1.5

		15.5							Reg. Di:	st. No.		
1. PLACE OF DEATH o. COUNTY Bal	to	W U	MAR	YLAND	o. STATE	Md.	ere deceased	l lived. If institut b. COUNTY		ce befor	e odmiss	
b. CITY OR TOWN (I	f outside corporate limi	its, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR 1		utside corpoi	rote limits, write I	RURAL ond	give neo		
RURAL ond give ne					6	Snar	rows	Point /9)			
	AL (If not in hospital, g	give street	oddress)		d. STREET A		2000				e. IS RES	IDENCE FARM?
Forest H	aven Mursi	ng Ho	me		2631	11/7/3	/ Edg	emere Md	Ave	•		NO
3. NAME OF DECEASED (Type or print)	Fin CHAR		Middle	e	ECKES.		4. DATE OF DEATH	Mo	nth n.	Do 16	,	Yeor 19 59
5. SEX			RIED NEVER MARR	IED B.	DATE OF BIRTH			9. AGE (In years	IF UNDER		2	
male	whi te	WIDOW			Dec. 6,	1897	7	last birthdoy)	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDUSTR			ar foreign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
Retired	ing life, even if retired)	Insurance		Md.							
13. FATHER'S NAME			Tuent ance		14. MOTHER'S	-	IAME					
John Ecke				800	Unkr							
15. WAS DECEASED EVE	ray.	CES? 16.	SOCIAL SECURITY NO	D. 17. INF	ORMANT	IOWII		Ada	Iress			-
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)			0 70	Palse	- T-			2 - T	lani ere	400
Ves I	World Wa		6 1-> 16-> 1 1 1		. C. F.	Ecke	es, Jr	<u> </u>	Mart			
	TH [Enter only one co	ouse per iii			HOR					ONS	RVAL BE	DEATH
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422.1	DUE TO	1	IBSEUL	00	MIC	5000	-					
Conditions, if or)	00 10			() - 3 1						
gove rise to it			CAKEL.	27/10	7							
lying couse lost.	(0)	ANEN	21/1	2						L M	
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRED.	(Enter nature o	f injury in F	ort I or Part	II of item 18.)				
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Ye	or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (I	Home, form,	20f. (City	or town)	(0	County)		(State)
Hour o. m.	19	While at wor	Not while	focto	ry, street, office	bldg., etc.	1			- "		
				1.			1		-		-	
21. I certify th	at I ottended the	deceas						B 195				
alive an	1-1-6	, 19	ond that	t deoth a	ccurred at.			the couses		he dat	e stote	ed above
ACTUAL /	110		1/1/1				ADDRESS (St	reet, city or town,	state)		DA	ATE SIGNED
ACTUAL	to Cun	/	11/11	/_M.	0	800	EL	Muane	2 sea	1	15	dirle
PHYSICIAN'S NAME (Type)	10111	11	Shaw	40.0	, ,			c	n		/	
220. BURIAL, CREMATIO	N. 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY OF		1-41	201 LOCAT	ION (City, town,	<i>(/</i>			
REMOVAL (Specify)						13.8					(Stote	e)
Burial 23. FUNERAL DIRECTOR			Morelane ADDRESS	u Meni	TKe	04- DEC'S	BY REGISTI	alto., M	STRAR'S SIC	Chiarin	c	
WM-4	Maker	ur	y Sour	- Bal	2017	DATEJAN		73	Chur S.	1 4		
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259

CERTIFICATE OF DEATH

Reg. Dist. No.

								THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		
1. PLACE OF DEATH o. COUNTY B	altimore	A	MARYLAND	o. STATE	Maryla	ere deceased lived	d. If institution b. COUNTY	n: Residence	before odmi	ssion)
b. CITY OR TOWN I	If autside corporate limits,	write c. LENGTH OF !	STAY IN 16	c. CITY OR	TOWN (If or	tside carporate l	imits, write RL	IRAL and give	e nearest tov	vn) 🗸
Catons	ville	Lyr8mth	Ldy	Balt	imore		34	01-4	_	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	street oddress)	4 1	d. STREET A	Tall and the					SIDENCE A FARM?
		HOSPITAL		1422	Charle	s Stree	t (sout	ch)		NO []
3. NAME OF DECEASED (Type or print)	First Ge 0		iddle rick	Egai		4. DATE OF DEATH	Januar Mont	1	Day 14	Year 19 5 9
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER M	ARRIED 🔲	B. DATE OF BIRT	'H	9. A		UNDER 11		
male	white w	VIDOWED 🔀 DIV	ORCED 🔲	Jan. 2	2, 188	10 7	yrs.	Months D	ays Hours	Min.
watchma	ON (Give kind of work do king life, even if retired)	ne 10b. KIND OF BUSINE	ety		arylan)		J. S.	A.
13. FATHER'S NAME			V	14. MOTHER'S	MAIDEN N					
Unkn						Unknown	1			
15. WAS DECEASED EVENTS OF Unknown Unknown	ER IN U. S. ARMED FORCE (If yes, give wor or dates of servi			ecords:	SPRIN	G GROVE	Addre STAT		SPITAL	1/4
Canditions, if a gave rise to case (a), stating lying cause last.	the under-	Hener	e 3	Jugur intl	ffer fr	riene teri	Sete	Peran		
ICATIO	HER SIGNIFICANT CONDI	TIONS <u>CONTRIBUTING TO</u>	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CON	NDITION GIVE	N IN PART I	PERF	ORMED?
	AS UNDERLYING [] 20 G [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJU	RY OCCURRE	D. (Enter nature a	of injury in P	art I or Part II of	item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Year 19	20d. INJURY OCCURRED While Not while of work Ot work		ACE OF INJURY (ctary, street, office	(Home, farm, e bldg., etc.)	20f. (City or to	wn)	(Cou	inty)	(State)
alive an	not I attended the d	1959, and)	occurred at	9 Y 6	M, fram the DDRESS (Street, GROVE)	causes a	nd an the	date stat	e deceased ted abave DATE SIGNED
PHYSICIAN'S NAME (Type)		. D. Minard,	EX 8 D 4	Ca	tonsvi	lle 28,	Maryla	nd		
REMOVAL (Specify	Lan 19	22c. NAME OF	CEMETERY O	allie of	ral	22d. LOCATION	(City, town, as	county)	Isto n	(c)
23. FUNERAL DIRECTOR	PS SIGNATURE	ADDRESS ADDRESS	1 pha	les st	24a. REC'D	BY REGISTRAR 5 '59		RAR'S SIGN		
- 1 6 / 1	2000		70							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld in cetached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remayal, and in any event within 72 pages after death. VS A1S (4) 1SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 260

CERTIFICATE OF DEATH

Reg. Dist. No.

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requires that the deoth certificate be executed within 24 hours after death. Page 4

1, PLACE OF DEATH o. COUNTY

d. NAME OF HOSPITAL (IF

OR INSTITUTION

13. FATHER'S NAME

Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give, nearest lown)

not in hospital, give street address)

c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore Mary

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) torest til

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM?

	DOX	140 / We 1		1 DOX 140	1000				153	ИОП
3. NAME OF DECEASED (Type or print)	Mrs	Mabel	Middle /// .	Engler	4. DATE OF DEATH	Janua		Doy 29tl	1	reor 19 59
5. SEX temale	6. COLOR	/	DIVORCED	8. DATE OF BIRTH 5/9/1915					Hours	R 24 HRS. Min.
No. USUAL OCCUP	ATION (Give kind working life, ever	d of work done 10b. KIND in if retired)	OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	/	ountry)	12. CI	TIZEN OF	ICA	COUNTRY?

Daltimore. 14. MOTHER'S MAIDEN NAME

Kindervoter

ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

17. INFORMANT

PART I. DEATH WAS CA		INTERVAL BETWEE
Conditions, if ony, which gave rise to immediate couse (a), stating the <u>under:</u> lying cause last.	DUE TO (b) Aforemed mattable Allemane securina DUE TO	1 men
	(C)	1(o) 19. WAS AUTO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

20c. TIME OF INJURY Doy, Year

20d. INJURY OCCURRED While Not while of work

20e. PLACE OF INJURY [Home, form, 20f. (City or town) factory, street, affice bldg., etc.)

(County)

(Stole)

YES NO

(State)

_		p. 1	11,			01	7
21.	1	certify	that I	attended	the	deceased	fr

22b. DATE THEREOF

21. 1	certify
alive	on

Hour

G. m

19-27, that I last saw the deceased M, from the causes and on the date stated above

ACTUAL

MEDICAL

and that death occurred at

ADDRESS (Street, city or town, state) DATE SIGNED

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Buria 23. FUNERAL DIRECTOR'S SIGNATURE

Moreland Mem Park ADDRESS

24g. REC'D BY REGISTRAR

DATEFR

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

TO FUNERAL DI page 3 should the registrar pri

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261 **CERTIFICATE OF DEATH**

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14 O 3	-			Keg.	DIST. NO.	
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. by	If institution: Reside	dence before	odmission)
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Baltimore	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o				est tawn)
d. NAME OF HOSPITAL (If not in haspital, give street or institution 32 Evans Rd. Timoniu		d. STREET ADDRESS 32 Evans			e.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Nelson	Middle Edwin E	losi Inglund	4. DATE OF DEATH	Month Jan. 1	Day	Year 19 59
5. SEX 6. COLOR OR RACE 7. MARK Male White WIDOW	RIED NEVER MARRIED	8. DATE OF BIRTH Jan. 25, 1899	9. AGE lost t	(In years IF UND Month yrs.	7	F UNDER 24 HRS. Haurs Min.
110000110	th.Steel Cor				CITIZEN OF	WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN N			*	
Carl Oscar Englund		Anna Nels	on			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dotes of service)	12-20-5239	NFORMANT J.M.Englund	,112 S.	Address 5th St.	Darby	, Pa.
Canditions, if ony, which gave rise to immediate cause (a), stoling the under-lying cause last.	220	Joseph	rene	e'		is gr
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CONTRI	CRIBE HOW INJURY OCCURRE					PERFORMED? YES NO T
20c. TIME OF INJURY Month, Day, Year 20d. II Mour o. jt. p. m. 19 While at wor	NJURY OCCURRED Not while k at wark	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.	20f. (City or tawn)	(County)	(State
21. I certify that I attended the deceas alive an 19	Myerswish Myerow	accurred at 5/12/ M.D. 5/145 Poul	PM, from the cappress (Street, city	1957, that causes and on or town, stote)		
226. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) BURIAL 1/20/59	Druid Rids	R CREMATORY TE Cemetery	22d. LOCATION (CI	ty, town, or county		(State)
3. FUNERAL DIRECTOR'S SIGNATURE Wm.Cook-Towson, Inc.	1050 York Ro	1 24 2	N 2 1 150	24b. REGISTRAR'S	SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should. Cetached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00244

may be retained. The haspital or attending physician.

O FUNERAL DIRECTR: After this certificate has been signed by the attending physician and campletely filled in by the need director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retained TO FUNERAL DIRE VS A1S (4) 15M 9/SB

									Keg. Di	ST. NO.		
1	PLACE OF DEATH	altimore		MARYL		. USUAL RESIDENCE (W		ed lived. If institu b. COUNT				ion)
	b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (IF		orote limits, write)
	RURAL ond give no			4 days		Roct	New Ma	micot	09		2	
-	OR INSTITUTION	rd FAL (If not in hospitol, g ldministra t:		oddress)		d. STREET ADDRESS	116W 119	ILKEU	07	/		IDENCE FARM?
3				-			Ta 2000					
	DECEASED (Type or print)	ONE		Middle H.		FOWLER	4. DATE OF DEATH	Jar	mary	3	1	1959
5	Male Male	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARRIED		8/20/74		9. AGE (In year lost birthdoy)	Months 8.	Doys	Hours Hours	R 24 HRS Min.
10	On. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign o	country)	12. CIT	IZEN OF	WHATC	OUNTRY
	Lawyer	king ine, even ir temed	Be	endix Aviati	on	Washington	n. D.	C.	1	U.S.	A.	
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN						
	James M. F	owler				Henrietta	M. Re	stor				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	DRMANT			Idress	1		
1	Yes. no. or unknown)	(If yes, give war or dates of s	ervice)	373-01-0305	Clir	n. Rec. VA	iosn. 1	Ft. Howa	rd Ma			
=	18. CAUSE OF DEA			ine for (o), (b), ond (c).]		1000 122	loup.	o nowa	103 12	INTE	RVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PULMONARY E	MBOLI	JS				1	day	
	1460 X	SOCIOL STATE OF THE STATE OF TH										
L	Conditions, if o	ny, which) (b		CEREBRAL IN	FARCI	CION				3	day	S
Г	gove rise to i	mmediote (
	lying couse lost.	(c)	GENERALIZED	ARTE	RIOSCLEROSI	S			Ur	ıknov	m
NOTTA	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION G	IVEN IN PAR		9. WAS A	
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Por	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yes	While		Oe. PLACE foctor	OF INJURY (Home, fare y, street, office bldg., et	m, 20f. (Cit	y or town)	(County)	72	(Stote)
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	i	profession of	JAKK	A dila mar a	Jedili di	conted dim em 24		treet, city or tow		e dole		E SIGNED
	ACTUAL SIGNATURE	140.		lerry		VA Hospit					7/2	3/59
	SIGNATURE	vicini		way	M.E	va Hospit	E e Line	o. nowar	Ap Pilla			7.27
	PHYSICIAN'S NAME (Type)	IRAM B. CUR	RY.	M.D.		-VA Hospit	PH Fe	Howan	a Ma		7/3	150
27	20. BURIAL, CREMATIC	N, 226. DATE THEREC		22c. NAME OF CEMET	FRY OR C			TION (City, town			(Stote	4 27
	REMOVAL (Specify)	1-7-59									(0.0	
_	B. FUNERAL DIRECTOR	- 1		ADDRESS	Na GLO	nal Cemeter	D BY REGIS	TRAR 246. REC	SISTRAR'S SI	GNATUR	RE	
			ons	Co. 300-4	th S				Irthur S.			
٣				SS. AVE., N.			HILL		, 22			
J.	DE FUNDIAL	north, tttn	or MA	DD. AVE., N.	L. WA	SH., D.C.						

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	and .7% Lathball AV		Total February
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22c. NAME OF

ADDRESS

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO D

Days

YES NO RI

Year

195

RY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
D 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
, 1949, to Jun: 7, 1919, that	I last saw the decease
that death accurred at 10 4 M, from the causes and an ADDRESS (Street, city or town, stote) M.D. 6 >10 Year	the date stated above DATE SIGNE
T Balturon 13 Ma	4
CEMETERY OR CREMATORY CEY. 22d LOCATION (City, town, or county)	(Stote)
TOWSON, HO DANAN 9 '59 Conting &	

requires that the death certificate be executed within 24 campletely filled ion and cam carbon pape ofter death. attending physician by certificate has been si ATTENDING PHYSICIAN: haspital detached the Car TO HOSPITAL OR bri Die page 3 should TO FUNERAL D

alive an

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

REMOXAL (Specify)

229 BURIAL CREMATION, 226. DATE THEREO

FUNERAL DIRECTOR'S SIGNATURE

neral

after

VS A15 (4) 15M 9/55

VS A15 (4) 15M 10/57

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264 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. [Baltimore		MARYLAN	2. USUAL RES	ryland	re deceased live	ed. If institution b. COUNTY	on: Residence	before admission)	
	CITY OR TOWN (f outside corporate limits, write	c. LENGTH OF STAY IN 1				limits, write RL	JRAL and giv	e nearest town)	
	Fort Howa		26 Days	× (86	49 Oak	cleigh F	Road) B	altimo	re (14)	
	OR INSTITUTION	AL (If not in hospitol, give stree Administration		d. STREET		leigh F	load		e. IS RESIDEN ON A FARI YES NO	SW3
	NAME OF DECEASED (Type or print)	First WILLIAM	Middle J.	FRANCIS	st I	4. DATE OF DEATH	Janua		Doy Year 27 19	
5. 9	Male	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	93 4				IF UNDER 1	YEAR IF UNDER 24	
10a	. USUAL OCCUPATION during most of work Plasterer	ON (Give kind of work done 10) ing life, even if retired)	onstruction	DUSTRY 11. BIRTHP	LACE (State o				S. A.	UNTRY?
V	John C. Fr	ancis		14. MOTHER'S		AME				
15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCES?		lin.Rec.,	Vet.Ad	m. Hospi	tal, Ft		d, Maryla	and
L CERTIFICATION	PART I. DEA 49/X Conditions, if or gove rise to ir couse (o), stoling lying couse lost. Part II. OTH 1. Old Ce 20a. ACCIDENT WA OR CONTRIBUTING	DUE TO (b) mediate the under. (c) ER SIGNIFICANT CONDITIONS Crebral Infarct	NCHOPNEUMONTA	BUT NOT RELATED TO	THE TERMIN	AL DISEASE CO	sis. R		(o) 19. WAS AUTO PERFORMED YES NO	OPSY D?
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	While		PLACE OF INJURY (foctory, street, offic		20f. (City or I	own)	(Cou	unly) (S	State)
	21. I certify the	at Kattended the deceded the second the seco	sed from January	1 , 19 59 oth occurred at	5:30P.	M, fram th	e causes ar	nd an the	date stated a DATE S 1/28/5	bave.
	BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	2	2d. LOCATION	(City, town, o	r county)	(State)	
1	REMOVAL (Specify)	1/31/59	Moreland Me	morial Ce		Baltimo	3.8			
	FUNERAL DIRECTOR'S		ADDRESS Balto	., Md.	-	BY REGISTRAR	-	TRAR'S SIGN	ATURE	
L	eonard Ruc	k Funeral Home	5305 Harford	Rd.	DATE	- 59	Lun	W 9 55		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00247

265 CERTIFICATE OF DEATH

Pag	Dist	No

1. PLACE OF DEATH o. COUNTY Balt	imore		MARY	LAND	D A SIAIF	ryland		d lived. If instituti b. COUNTY	on: Residence	before adm	ission)
b. CITY OR TOWN RURAL and give r	(If outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpo	orote limits, write R	URAL ond gi	ve nearest to	wn)
Fort	Howard		53 Days		Bal	ltimo	re			3 VO1.	4
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	jive street	oddress)		d. STREET A	DDRESS					ESIDENCE
Veter	ans Adminis				130	04 Bro	pening	g Highway			A FARM?
3. NAME OF DECEASED	Fir		Middle		Lost		4. DATE	Mon	th	Doy	Yeor
(Type or print)	FREDER				FRANCK		DEATH	January		15	19 59
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH	1		9. AGE (In years lost birthdoy)		YEAR IF UN	-
Male	White	WIDOW	ED DIVORCE	DO	July 15.	189	5	63 yrs.	Months [Poys Hour	s Min.
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Tile Sett			onstruction	1	Balti	more.	Mary	rl and	II.	S. A.	
13. FATHER'S NAME				_	14. MOTHER'S				100		
Louis Fra	nek				Margan	ret St	רומוושר ל				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. 1	NFORMANT	CO D	or milb	Addı	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of s	eLAICE)				T-4 A.	Jun II			2 36	2
Yes			18-10-2585		In.Rec.	et.Ac	um. Hos	spital, Ft	. nowar		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o				OMA NASOI	PHARY	X, RI	GHT, WITH		INTERVAL ONSET AN	BETWEEN
146X	XXXXXX	MET.	ASTASIS								
Conditions, if	ony, which } (b	,									
gove rise to couse (o), stoting	immediate (
lying couse lost.	ine under-	,									
PART II. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WA	SAUTOPSY
3											ORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in P	ort I or Por	I II of item 18.)			
3 20c. TIME OF INJUI		204 11	NJURY OCCURRED	20e PL	ACE OF INJURY (H	lome form	206 (Cib.	05.40	15.		10
Hour o. m. p. m.	19	While	Not while	foo	ctory, street, office	bldg., etc.)	or lown,	(Co	ounty)	(Stote)
21. I certify th	nat X attended the	deceas	ed from Novem	her	23 19 58	to Jar	מיינפווו	75 1050	Manufate	arvacy to	0.000
	000000000000000000000000000000000000000										
WILLIAM A.A.	~~~~~	مماسم	, und mu	dedill	accorred di_			reet, city or town,			DATE SIGNE
ACTUAL SIGNATURE	roache m.m.	000			77.4 77.0						- //
SIGNATURE					M.D VA	BPITI	لأثلب وملك	HOWARD	- MARY	LAND	1/15/
PHYSICIAN'S NAME (Type)	DSEPH M. MI	LLER	M.D., Chi	ef,	Surgical	LSem	rice.	VAH. Ft.	Howar	d. Mai	cyland
	N, 226. DATE THEREO		22c. NAME OF CEMI					TION (City, town, o			ote)
REMOVAL (Specify)	Jan. 18,	1959	St. Matth	ews	Cemeter	7	Balti	more, Ma	rvland		
23. FUNERAL DIRECTOR		-	ADDRESS .	20	- 04	24a. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE	
Hartley Mi	ller Funera	1 Hor	2334 Jei ne Baltimor	0	Marvland	DATE WATE	- 1 0 0	-	muy L	MEALING.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often may be retained by the haspital ar attending physician.

SENERAL DIR

OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shot the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIX page 3 should be VS A1S (4) 15M 10/57

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 266

CERTIFICATE OF DEATH

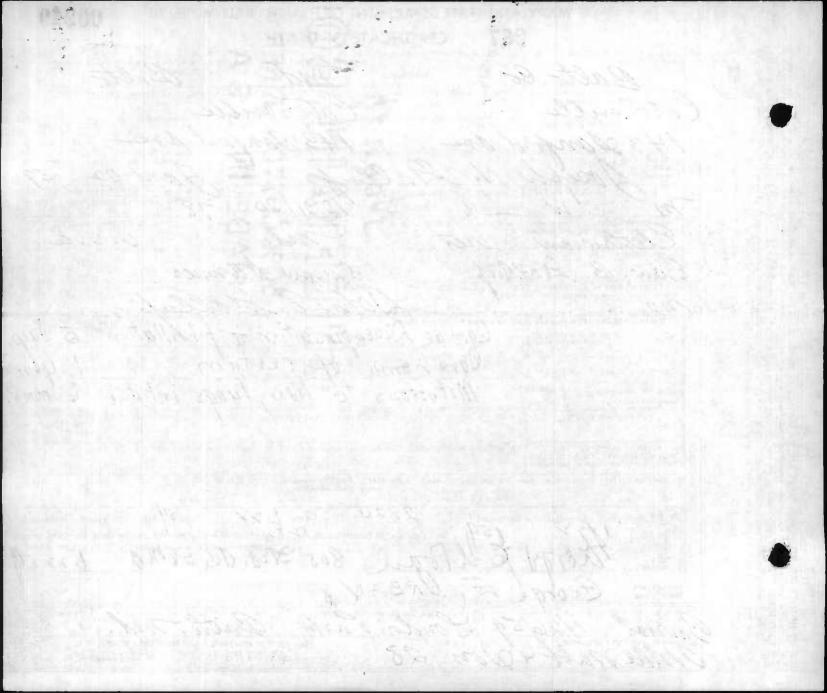
Reg. Dist. No

1. PLACE OF DEATH a. COUNTY	Britimo re		MARYL		2. USUAL RE o. STATE	Mary]		d lived. If institut b. COUNT	ion: Residence	e before Ce Ge	odmissi Or g	ion) E
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	4 1b				rote limits, write		ive neare	est town)
Caton sv	lle		1 mth4days		Ten	aple Hi	111s,	Mary land	16	X 250	20.	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)			ADDRESS		Title	22.5	e.	IS RESI	DENCE FARM?
SPRING GROV	E STATE	HOSP	ITAL		4931	Hagan	Road					NO 🗌
3. NAME OF DECEASED (Type or print)	Lilli		Middle B.		Fr	ye	4. DATE OF DEATH	Jan		Doy 27		ear 959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.	DATE OF BIE	RTH	11 25 5	9. AGE (In years		1 YEAR IS	UNDE	R 24 HRS.
female	white	WIDOW			June 2	21, 187	77	lost birthday) 87 yrs		Doys	Hours	Min.
Og. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	Y 11. BIRTH	PLACE (State	or foreign co	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
housewif			4		1	lary lan	d		U.	S.	A -	
3. FATHER'S NAME						'S MAIDEN N						
Char]	es Randell						Mar	tha Kar	node			
5. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INF	ORMANT				dress			
Unknown	(If yes, give wor or dates of s		Jnknown	Rec	ords:	SPRIN	G GR	OVE STAT	E HOS	SPITA	T.	
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]				010	O'LD GINI	1.00		VAL BET	TWEEN
	TH WAS CAUSED BY:		ronary thron	mbos	is						TAND	
420.1	DUE TO											
Conditions, if a	au sublah Y	Ar	teriosclero	tic	cafdio	vascul.	ar dis	Bease				
gove rise to i	mmediate (1								-		
lying couse lost.	the under-	Co	neralized an	rter	oscle	rosis						
PART II. OTH			CONTRIBUTING TO DEAT				NAL DISEASI	E CONDITION GI	VEN IN PART		PERFOR	NUTOPSY RMED?
PART II. OTH	S UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter noture	of injury in P	ort I or Port	t II of item 18.)				
20c. TIME OF INJUR Hour o. 51. P. m.	Y Month, Day, Yes	or 20d. I While of wor	_ Not while	0e. PLAC focto	E OF INJURY ry, street, off	(Home, farm, ice bldg., etc.	20f. (City	or town)	(C	ounty)		(Stote)
21. I certify th	at 1 attended the	deceas	ed from Dec	. 23	19_5	68 to 1	Jan 2	7	that I I	art raw	, the ,	docease
alive on J			59, and that d									
dive on	(1)	1 1		ieum c	ccorred a			reet, city or town		ie aare		a above
ACTUAL SIGNATURE	Hella	Wa	chiler	M.	SPR		ROVE		HOSPIT	AL I	1-27	4.
PHYSICIAN'S NAME (Type)	Stella Wach	sler	, M. D.		Cat	onsvil	e 28,	Marvla	nd			
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THERECO	F - 59	22c. NAME OF CEMET	ERY OR O	REMATORY	1	22d. LOCAT	TION (City, town,	or county)		(Stote	/
23. FUNERAL DIRECTOR	S SIGNATURE	11	ADDRESS	1) - (24a. REC'E	BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATURE	1	
DIMMIG	NS BRO'S	160	61-6000 110	14	(1), 1.1.	DATEAN	2 9 '59	The state of	P 12			
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TO FUNERAL DIRE page he VS A15 (4) 15M 9/5B

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) c. CITYOR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES INO I Day Yeor 190 IF UNDER 1 YEAR IF UNDER 24 HRS Dovs Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) that I lost sow the deceased M, from the couses and on the date stated above. 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOGATION (City, town, or county) 22c, NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATIJAN 2 7 '59 Cuthun S. Krous



B. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

Doys

ON A FARM?

YES NO TO

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Reg. Dist. No

Month

yrs.

Address

Months

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INTERVAL BETWEEN ected Hy chocephalus ONSET AND DEATH iculo-peritoneal shunt PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES A INO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (County) (State) 125 2 that I last sow the deceased _, and that death occurred at 10.30 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 6 wings MILLS, Mad 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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		CERTIFICATE	MR III III III III III III III III III I
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00251

Reg. Dist. No.

CERTIFICATE OF DEATH 268

1. PLACE OF DEATH o. COUNTY Baltimor	re e		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	nere decease	d lived. If instituti b. COUNTY	on: Residence Cari		sion)
b. CITY OR TOWN (RURAL and give n	If autside carporate limi	ts, write	c. LENGTH OF STAT	Y IN 16	c. CITY OR TOWN (If a	outside carpa	prote limits, write R	URAL and giv	re nearest tow	n)
Fort How			74 Days		Westmins	ster		06	21.2	
OP INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS Rear 100	Penn	sylvania Avenue,e	Ave.	ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	HAR		Middle D		GEIMAN Lost	4. DATE OF DEATH	January	nth	Day	Year 1959
S. SEX	6. COLOR OR RACE		IED NEVER MARR		B. DATE OF BIRTH	2026	9. AGE (In years lost birthday)		YEAR IF UND	
Male	White	WIDOWE			JSTRY 11. BIRTHPLACE (Stote	1896	62 yrs.	10 CITIZE	N OF WHAT	COUNTRY
during most of wor Carpenter 13. FATHER'S NAME	king life, even if retired		ntractor	OK INDO	Carroll Co	ounty,			. S. A	. •
Edward Ge	iman				Alberta Ban	kard				
15. WAS DECEASED EVE (Yes, no. or unknown) Yes	R IN U. S. ARMED FOR (If yes, give war or dates of s WW I	CES? 16. ervice) 2.	SOCIAL SECURITY NO 18-61-6112		informant in.Rec.Vet.Adi	m/Hosp	oital, Ft		rd, Md	•
Conditions, if a gave rise to it cause (a), stating lying cause lost. PART II. OTI	the under-) DITIONS C	CONTRIBUTING TO DI	EATH BU	RCINOMA, LEFT T NOT RELATED TO THE TERMI ED. (Enter nature of injury in f	INAL DISEAS	E CONDITION GIV	/EN IN PART	PEREC	AUTOPSY ORMED?
	MEDICAL EXAMINER)	20b. DE30	CRIBE HOW INJURY	JCCOKK	co. (chier holdre of injury in a	rdii i di rdi	THO HERE TO.			
ZOc. TIME OF INJUI Haur o. m, p. m.	RY Manth, Doy, Ye	While	NJURY OCCURRED Not while of work		LACE OF INJURY (Hame, farm actory, street, affice bldg., etc.		y ar town)	(Co	unty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S		ediso Ell			24 , 1958 , to Jan 19	BM, fram ADDRESS (S	the causes ar	nd an the state)	date state	d abave. TE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify Burial		-59	Pleasan		or CREMATORY Lley Cemetery		TION (City, town, minster,	2.0	a nd	ite)
22) FUNERAL DIRECTOR	upor, p	_/	Willis St	reet	and	D BY REGIS		STRAR'S SIGN		

Ratic Westminster, Md.

filed-with unerol directar, **DEUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and completely filled in by the funero page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or remavol, and in any event within 72 hours after death. the haspital ar attending physician. may be retoin TO FUNERAL DIR VS A15 (4) 1SM 9/SB

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TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OF

death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES SO NO T

(State)

DATE SIGNED

(Slate

(County)

ON A FARM?

YES NO D

Year

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22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

a a FUNERAL DIR Page 3 should be the registrar prior page 0 VS A15 (4)

15M 9/58

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BURIAL, CREMATION 226. DATE THEREOF

REMOVAL (Specify)

DINERAL DIRECTOR'S STONATURE

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

DATE

e. IS RESIDENCE ON A FARM?

Haurs

INTERVAL BETWEEN ONSET AND DEATH

30 m

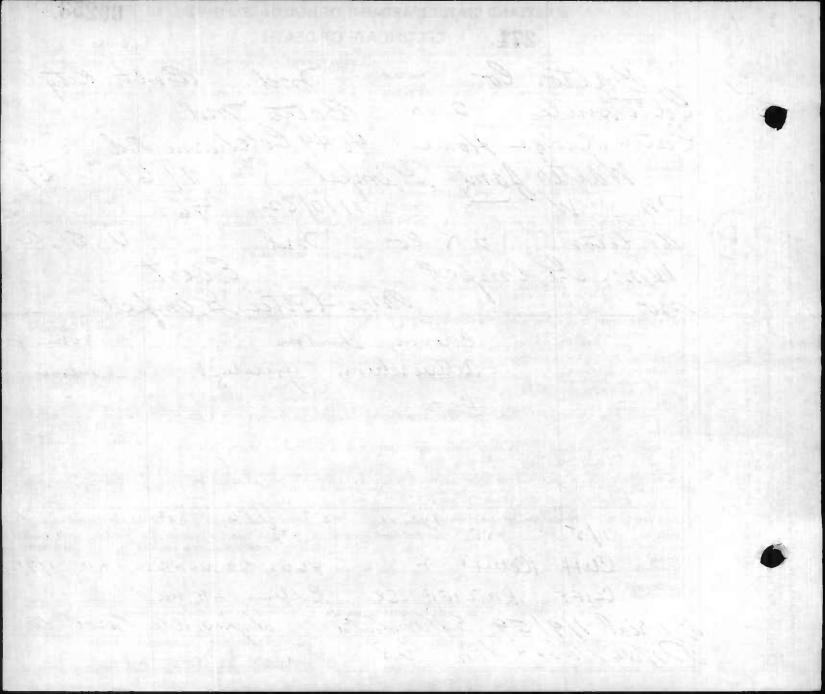
PERFORMED?

YES NO

(State)

YES NO

Year



FOR STATE HEALTH DEPT. Page files. Heolih, execute the cert total writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral disabled be fed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hour, after death. executed within 24 hours after death. If any delay is real in them, 18. Give Pages 1, 2, and 3 to the funeral

o. COUNTY Bal	timore		MARYLANI	2. USUAL RESIDEN o. STATE Mar	CE (Where deceos Vland	ed lived. If institu b. COUNT			nission)
b. CITY OR TOWN (If ond give negret town)	oulside corporate limits, write	rural c.	LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corp	porate limits, write		ive neorest t	own)
	Overbrook	f not in hospital		d. STREET ADDR		dgers For	rge	10	RESIDENCE A FARM?
NAME OF DECEASED (Type or print)	Fire	1	Middle LTTTELL (Lost	4. DATE OF DEATH	Month Janua		Doy	Yeor 1959
. sex Male	6. COLOR OR RACE White	7. MARRIED [DIVORCED		946	9. AGE (In years last-birthday) 12 yrs.	IF UNDER 11		DER 24 HRS
66. USUAL OCCUPATION during most of working Student	N (Give kind of work of life, even if retired)	ione 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	ountry)	12. CITIZE	N OF WHA	COUNTR
James H.	Girvin			14. MOTHER'S MAIL	Jane Dat	7			
5. WAS DECEASED EVE	R IN U. S. ARMED FOI lif yes, give was or dates of	ervice)		INFORMANT Irs. Jane D	Girvin	Address			
PART I. DEAT	H [Enter only one county one coun	As						INTERVAL BETY ONSET AND DI	VEFN EASH
Canditions, if or gove rise to immed (a), stoting the u couse last.	y. which (b)								
PART II, OTH 20g. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	ER SIGNIFICANT CON		BUTING TO DEATH BUT				EN IN PART 1	(o) 19. WAS PERFO YES T	AUTOPSY DRMED? NO
	SE WAS TRIBUTING		m injury occurred.			of item 18.)			
20c. TIME OF INJUR Hour # m.	Month Doy, Yeo 1/17/59	While	RY OCCURRED 20e. PL Not whiley fo	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City	or town)	(Count	n) imore	(Stote) Md

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

1/18/59

22d. LOCATION (City, town, or county)

220. BURIAL, CREMATION. REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY New Cathedral

240. REC'D BY REGISTRAR

DATEAN 2 0 '59

Md 246. REGISTRAR'S SIGNATURE Certain S. France

(Stote)

VS. A15ME 5M 2/57

EXAMINER: This

TO DEPUTY MEDICAL

AURHUMD STATE DEPARTMENT OF HEALTH BALTIMORE 18
MELICAL EXAMINER'S CERTIFICATE OF DEATH

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death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

the haspital ar attending physician.

TO HOSPITAL OR TO FUNERAL DIR

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 273

CERTIFICATE OF DEATH

				QEI(III	107		-/	•		Reg. Dis	t. No.		
	PLACE OF DEATH	altimore		MARYL	AND	2. USUAL RESID	Mary		d lived. If institu b. COUNT		e befor	e admiss	ion)
_		outside carporate limits, w	rite	c. LENGTH OF STAY IN	N 1h	C CITY OR TO			rate limits, write	PURAL and a	ive nea	rest town	1
	RURAL ond give ne	arest town)				Baltin		onioc corpo					
_	Catonsvil	LC AL (If not in hospital, give s	Arnot -	23 days		d. STREET AD			3 \	101-4		e. IS RES	IDENICE
	OR INSTITUTION PRING GRO			ITAL				Care	y Street		ľ	ON A	FARM?
	NAME OF DECEASED (Type or print)	First William		Middle S.		Godfrey		4. DATE OF DEATH		onth uary	Day 29		Year
S. :	SEX	6. COLOR OR RACE 7.	MARR	IED NEVER MARRIED	0 8	. DATE OF BIRTH			9. AGE (In year	IF UNDER			
	male	white wit	OOWE	D DIVORCED		Janua ry			last bishday	Months .	Days	Hours	Min.
	during most of work	N (Give kind of work done ing life, even if retired) CO Pator		rdwood floc			rylan	2	ountry)		S.		COUNTRY
13.	FATHER'S NAME				-	14. MOTHER'S	MAIDEN N	AME					
1	William Go	dfrey				A:	nna B	rady					
{Ye		R IN U. S. ARMED FORCES? If yes, give wor or dates of service) We We I		17-22-5939		ecor ds:	SPR	ING		Idress STATE	HOS	PITA	L
		TH [Enter only one couse p										RVAL BE	
	UU3X	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Dec	ompensated	car	diac fai	Lure						
		DUE TO											
	Conditions, if ar		Hyp	ertensive o	card	iovascul	ar di	sease					
	gave rise to in cosse (a), stating I												
	lying cause last.	(c)							170				
MEDICAL CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITIO		onic pleura			THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PART	1(a) 19	PERFO	AUTOPSY RMED?
RTIFIC	20a. ACCIDENT WA			RIBE HOW INJURY OC			injury in P	art I ar Par	t II of item 18.)				
L CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
EDICA	20c. TIME OF INJURY Hour o. m.	. V	Vhile	_ Not while _	20e. PLA fact	CE OF INJURY (H ory, street, office	ame, farm, bldg., etc.	20f, (Cit)	or town)	(C	ounty)		(State)
Z	p. m.	0, 0	t work		0.5	70	74300						
	21. I certify th	at I attended the dec	cease		4				29, 19.5				
	alive an Jan	. 29	12	59_, and that a	death	accurred at	2:30	M, from	n the causes	and an th	e dat	e state	d abov
	(7,00 110	.1	0			-	ADDRESS (S	Ireet, city or town	n, state)		DA	TE SIGNE
	ACTUAL SIGNATURE	stella Wa	cu	der	N	SPRIN	G G	ROVE	STATE !	HOSPIT	AL	1-29	-59
	PHYSICIAN'S NAME (Type)	Stella Wachsl	er,	M. D.		Caton	svil	le 28	, Maryla	nd			
220	BURIAL, CREMATION REMOVAL, (Specify)	N, 226. DATE THEREOF		Balto- No	TERY OR			22d. LOCA	TION (City, town	, or county)		Stote	d.
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	- ,	10	24a. REC'E	BY REGIST	TRAR 24b. REC	GISTRAR'S SIG	NATUR	E	/
	olen 7	Taugher !	64	los Wendso		mell Lof	DATE J	AN 3 0	59	-1 11 0	1		

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FOR ST		t	ems 18-21 Film MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH	DEPT.		PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
sary, ple for. P	1	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Catonsville
is neces rol ed i	00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hamilal, give street address) 122 Handsk Avenue 122 Handsk Ave. • IS RESIDENCE ON A FARM? YES \(\sigma \text{NO} \)
y delay he fune e retain he Stat er deati		1	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH A. DATE Month Day Year OF DEATH January 16 19 59
d 3 to t d 3 to t may b with t ours aft		5.	6. COLOR OR RACE" 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours lost birthday) 15 UNDER 14 ARS. WIDOWED DIVORCED FEB. 23, 1929 29 yrs. Months Days Hours Min.
Page 5		100	D. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foleign country) 12. CITIZEN OF WHAT COUNTRY'S Housefield
Poges PM3.	I)	13	FATHER'S NAME LISTE A-BAILED 14. MOTHER'S MAIDEN NAME CATHERINE SEGERER
Give Give ith form t. File omy ev		15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCRES DE URITY NO. 17. INFORMANT Address (If 145, give war or dates of service) (If 145, give war or dates of service) (If 145, give war or dates of service)
ted with tem 18 slong w t permi			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute barbiturate intoxication
office of transitions			970, 2 DUE TO Conditions, if ony, which) (b)
in pe in pe niner's a buric a, or r		4	gove rise to immediate cause (a), stating the underlying cause lost. (c)
icate strong of Exam sed as	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
word "F Medic uld be uriol, c		CERTIFIE	206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Ingestion of barbiturate
NER: The ng the ne Chiefe a Sho or to b		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work 19 4 work 19 4 home Md. 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) Factory, street, office bldg., etc.)
ed to the officer, pri			21. I certify that I took charge of the remains described above, held an Autapsy 3, Inspection , Inquiry , and in my opinion death resulted, from: Natural causes . Accident , Suicide , Homicide , Undetermined manner
DICAL prificon red			ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED
JTY ME e the could be for the could be f	2		ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Jan. 17/59 Charles S. Petty, M.D. Deputy Medical Examiner Jan. 17/59
execut 4 shou or its		220	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stole)

VS. A15ME 5M 2/57

246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE o. CO	OF DEATH	altimore		MA	RYLAND	2. USUAL RE o. STATE	Maryl		l lived. If instituti b. COUNTY		ence befo	ore admiss	ion)
	Y OR TOWN (If outside corporate lim	its, write	c. LENGTH OF STA	AY IN 16	c. CITY O	R TOWN (If o	utside corpor	rote limits, write R	RURAL ond	give ne	arest town	7)
I	fort Ho	ward		9 Days		53	Baltim	ore					
OR	INSTITUTION	TAL (If not in haspital,			7	d. STREET		n - n -	- a				FARM?
3. NAME		s Administr	rst	II NOSDI VA				4. DATE					NO 🔼
DECEA	SED or print)		RLES		ole .		ost	OF DEATH	Mor		7.17	,	Year
5. SEX	. , , ,	6. COLOR OR RACE		W.	0150	B. DATE OF BIE	711		Januar	- 4/	T/	R IF UNDI	19 59
Ma	ale	White	WIDOW	ED DIVOR	CED 🔲	3/12/	19		9. AGE (In years last birthday) 39 yrs.	Months	Days	Hours	Min.
10a. USU. durin	AL OCCUPATION	ON (Give kind af work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTH	PLACE (Stote	or foreign co	ountry)	12. C	ITIZEN (OF WHAT	COUNTR
	Stock C			9-21		Bal	timore	, Mary	rland	U	.S.	1.	
13. FATHE	R'S NAME					14. MOTHER	'S MAIDEN N	AME					
	Thomas	W. Gray				He	lena :	Muelle	er				
15. WAS		R IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. II	NFORMANT			Add	lress			
Yes		WW II		7-01-9885	CI:	in Reco	rds.Ve	ts.Adm	.Hospita	7 Ft.	Hor	bret	Md
		ATH [Enter only one co					2 40,10	00 921031	10000200	4-4- 0		ERVAL BE	
		TH WAS CAUSED BY:	T.TY	VER FAILUF								SET AND	DEATH
5	810	IMMEDIATE CAUSE (c)	2 2422201	-		-				-	9 DAY	LO
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	nditians, if o re rise to i	mmediate)	dinosts of	TOTAT	er.					S	EVER	L
COU	se (o), stoting)		***							PIOT	THS
_	g couse lost.) (c											
CERTIFICATION OB C OB C	PANT II. OII	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED T	TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a)	PERFO YES (2)	AUTOPSY PRMED?
OR C	ACCIDENT WAS	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED). (Enter noture	of injury in P	ort I or Port	II of item 18.)				
-		Y Month, Day, Ye		NJURY OCCURRED	20e. PLA	ACE OF INJURY	(Home, form,	20f. (City	or town)		(County)		(Stote)
WED	p. m.	19	While of wor	Not while	100	iory, sireer, orn	ice blog., etc.,						
21	costify th	at Kaffended the	deceas	ed from Jani	vret	8 195	9 Tar	שייבווי	17, 19 59) average	V-V-V-V		
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Luna	ENDUA		year	Cand the	ar death	occurred o					the do		
ACTU	AL (Vin WZ:	Lo.						eet, city or town,				ATE SIGN
SIGN	ATURE	Court V	101			M.D. VAH	FORT	HOWAR	D, MARYI	AND		1/1	7/59_
	CIAN'S C	HIEN WEI LA	IN, M	.D.		VAH	, FORT	HOWAR	D, MARYI	AND			
		N, 22b. DATE THEREC)F	22c. NAME OF CE	METERY OF	CREMATORY		22d. LOCATI	ION (Cily, town, o	or county)		(Stote	e)
	OVAL (Specify) Irial	1-21-	59	Baltimo	re Na	tional			Baltimore				
	AL DIRECTOR	S SIGNATURE		ADDRESS	210		240. REC'D	BY REGISTR					
Im. Co	ok-Bli	ght Inc.600)9 Ha	rford Rd.	Ralto	Md.	DATE	N 1 9 5	and a series	nthung i	8. the	ula.	
-	ALT HE SEL	2-10-000	1 110	Luce	00	2 spre	DAIL						

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 nerol director may be retained by the hospital or attending physician.

O FUNERAL DIR

OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be astoched for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shat the registror prior to burial, crematian, or remayal, and in any event within 72 pours ofter death. TO FUNERAL DIR TO HOSPITAL OR VS A15 (4) 15M 10/57

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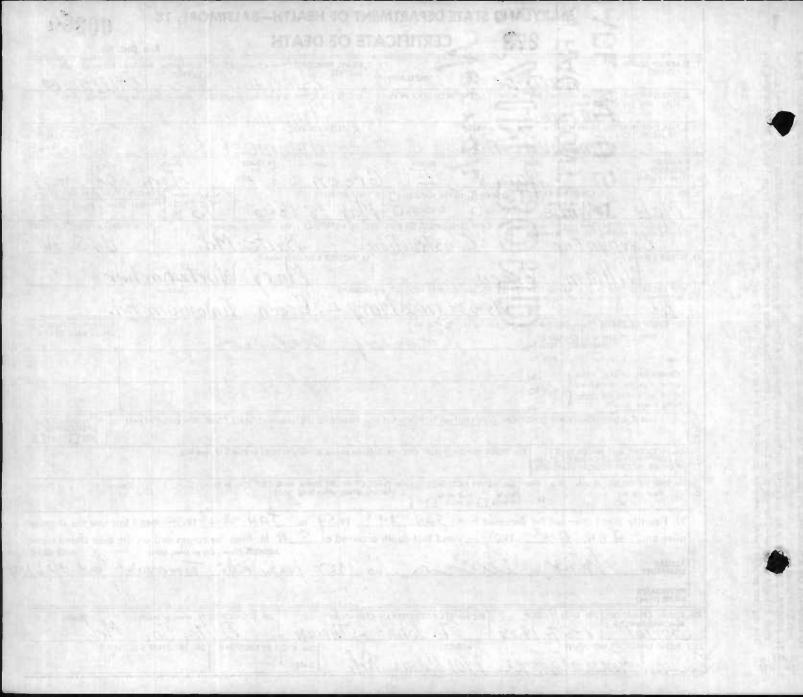
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

278

	Keg. Dist.	140.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY B.	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	A. STREET ADDRESS TIMONIUM Pod.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED First Middle (Type or print) Harry	Green 4. DATE Month OF DEATH	Doy Year 24 19.59
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	May 18, 1885 T3 yrs. Months Do	
100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) Carpenter Constructi	Balto Md,	U, S, A
13. FATHER'S NAME William Green	Mary Wurtzbache	r
(If yes, give wor or dates all service) 2/4-0.3-7702	Mary E, Green Timonium Bo	/,
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO DUE TO		INTERVAL SETWEEN ONSET AND DEATH
lying couse lost. (c)		
CAN	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED? YES NO
	RED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	PLACE OF (NJURY (Home, form, 20f. (City or town) (Coufoctory, street, office bldg., etc.)	nly) (Stote)
21. I certify that I oftended the deceosed from JAN. I olive on JAN. 24th, 1959, ond that deat ACTUAL SIGNATURE ALL PHYSICIAN'S NAME (Type)	th occurred at 8 19 M, from the couses and on the ADDRESS (Street, city or town, state). M.D. 1927 York Rd. TIMONYUM	
20. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY BURIAL (Specify) 1-27-1959 ST. John	OR CREMATORY 22d. LOCATION (City, town, or county) 15 Lutheran Bulto, Co. 1	Mc/ (State)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 7401 Belain	Pole DATE JAN 2 8 59 24b. REGISTRAR'S SIGNAL	ATURE Thans



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may be retained at the nospital or differenting physician.	TO FUNERAL DIR R: After this certificate has been signed by the attending physician and completely filled in by	page 3 should by detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	
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VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

	Reg. Dist	, No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e before admission)
BALTIMORE MARYLAND	MARYLAND BAL	TIMORE
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
OVERLEA 4FE	BALTIMORE	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
15 CHESLEY AVE	12 CHESLEY AVE	YES NO A
3. NAME OF DECEASED (Type or print) MARBURIET (MAGGI)	Last 4. DATE Month OF DEATH AN	Day Year 9 19.59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS.
FEMALE WILITE WIDOWED DIVORCED	5-21-1872 lost birthdoy) Months 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most af working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
HOUSEWIFE HOME	BALTO, MD.	1-5-A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
RUFUS SUTER	UNKNOWN.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
	BS. MARY BECKER 12 CHE	SLEY AVE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: COTONARY OC IMMEDIATE CAUSE (a)	cclusion	6 days
420.1 DUE TO		
Conditions, if ony, which) (b) hypertensic	on, arteriosclerotic	
mous aire to improve the control of	cular disease	20 yrs.
lying couse lost. (c)		~ J z J .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
CAT		YES NO
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p.m. 19 While of work of work	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Cotory, street, affice bldg., etc.)	ounty) (Stote)
	21 , 1954 , to Jan 9 1959 that I le	
21. I certify that I attended the deceased from ADTIL and that death		ast saw the deceased
alive on, ly, and that death	accurred at 8 4. M, from the causes and an the	
ACTUAL SIGNATURE SUTURISES	1 % Overlea Ave.	DATE SIGNED
SIGNATURE	M.D I N. OVELLED AVE.	7-2-02
PHYSICIAN'S Dr. Richard R. Rigler	Baltimore 6, 1d.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 1-12-1959 PARK WOOD	R CREMATORY 22d. LOCATION (City, town, or county) CEM - BALTU, MD -	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	NATURE
Lussahn Jan ! Home 7401 Belain Co	A DATE JAN 1 2 '59 Colleg 9	Kana

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VS A15 (4) 15M 10/57

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	MARYLAND 280	STATE DEPARTM	NENT OF HEAL		IMORE, 18
1. PLACE OF DEATH o. COUNTY Be	ltimore	MARYLAND	2. USUAL RESIDENCE o. STATE Maryla		lived. If institution: b. COUNTY
RURAL and give neare	stide carporate limits, write st town). Eville, Md.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporo	te limits, write RURA
d. NAME OF HOSPITAL OR INSTITUTION	/ d. STREET ADDRESS 7420 Kalton Court				
3. NAME OF DECEASED (Type or print)	First MARY	Middle GREEN	Lost	4. DATE OF DEATH	Month Janua:
S. SEX 6.	COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years IF

Reg. Dist. No.

alive an first terms of the date stated abave. ACTUAL SIGNATURE Description of the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE DESCRIPTION (City, 10wn, or county) Physician's prescription of the date stated abave. ADDRESS 220. BURIAL CREMATION, 22b. DATE THEREOF DATE STATE DESCRIPTION (City, 10wn, or county) Burial Date Signature Date of the date stated abave. ADDRESS 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1.	o. COUNTY	Baltimore		MARYLAN	- 11	o. STATE	vlance		lived. If institut b. COUNTY		nce befo	ere admis	sion)
OR INSTITUTION HOUSE IN the Pines 7420 Kalton Court 75 No The Models MARY GREEN 7420 Kalton Court 75 No The Models MARY GREEN 7420 Kalton Court 75 No The Models MARY GREEN 7420 Kalton Court 75 No The Models MARY GREEN 7420 Kalton Court 75 No The Models MARY MARKED NO THE MODELS 74 No The Models MARY MARKED NO THE MODELS 74 No The Models MARY MARKED NO THE MODELS 75 No The Models MARY MARKED NO THE MODELS MARKED 75 NO THE MO		RURAL and give ne	arest town)		c. LENGTH OF STAY IN 1	Ь			-	ote limits, write f	RURAL and	give ne	arest taw	n)
NAME OF DECEMBER 1. OLIVE ALLER STANDED TO DESCRIBE HOW INJURY OCCUPRED. S. SEX G. COLOR OF RACE 7. MARRIED INVER MASRIED INVER MASRIED INVER MASRIED INVER MASRIED INVER MASRIED INVERT. MASRIED		OR INSTITUTION												
DECEMBER S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in year) FUNDER 19 59 S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in year) FUNDER 19 19 59 S. SEX WIDOWED DIVORCED 10. DETAIL	L	I	iouse in the	ne Pi	nes		742	O Kal	ton Co	ourt				
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 10. NEVER DEPTH 10.	3.	DECEASED					Los		OF				,	
10. SUNA OCCUPATION (Cres shind of orthodore) 10. KIND OF BUSINESS OR INDUSTRY 11. MOTHER'S MAIDE or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY: 19. WAS LOUGHEST NAME 10. Conditions, if any, which gove rise to immediate course (c), tolong the tolong to tolong the course (c). 10. The course of the course of the course per line for (b), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PER ORMED? 19. WAS AUTOPSY PER ORMED? 19. WAS AUTOPSY PER ORMED? 19. White of INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 21. I certify that I attended the deceased from Part of the course o	S.					_	ATE OF BIRTH	1		9. AGE (In years lost birthday)	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
HOUSEWIFE At Home 13. FATHER'S NAME JOSEPH ROSEN 14. MOTHER'S MAIDEN NAME JOSEPH ROSEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? It S. SOCIAL SECURITY NO. 17. INFORMANT Address 16. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if only, which gove rise to immediate coure (a), lotting the under (c), lotting the un	10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b		-	11. BIRTHPL	ACE (State	ar fareign co		12. CI	TIZEN C	F WHAT	COUNTRY
13. MOTHER'S MANDEN NAME 14. MOTHER'S MAIDEN NAME Yetta? 15. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Address 18. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), ond (c). 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), ond (c). 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), ond (c). 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), ond (c). 18. CAUSE OF DEATH STAND CAUSE (b) 18. CAUSE OF DEATH 18. CAUSE (c)		during most at work	ing life, even it retired)			-							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY BUE TO Conditions, if only, which gave rise to immediate couse [a), stoing the under Use To lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) To conditions, if only, which gave rise to immediate couse [a), stoing the under lying couse lost. Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II [a) 19, WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED 20c. ACCIDENT WAS UNDERSYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY Month, HISTORY AND HISTORY MONTH, HISTORY AND HISTORY MONTH MEDICAL EXAMINED 20c. TIME OF INJURY Month, Day, Year of work or work o	13.		4.20		no nome	14		1 2 4 5	NAME			0 6000	A.	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY BUE TO Conditions, if only, which gave rise to immediate couse [a), stoing the under Use To lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) To conditions, if only, which gave rise to immediate couse [a), stoing the under lying couse lost. Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II [a) 19, WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED 20c. ACCIDENT WAS UNDERSYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY Month, HISTORY AND HISTORY MONTH, HISTORY AND HISTORY MONTH MEDICAL EXAMINED 20c. TIME OF INJURY Month, Day, Year of work or work o		Jose	eph Rosen				Ye	tta ?						
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY. Cally Varieties a cerebral - eff Paralipes INTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which gave rise to immediate couse (e), stoting the under lying couse tost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NO P) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NO P) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NO P) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NO P) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. FLACE OF INJURY (Home, form, 10.) (County) (State) 19. T. Hout I dist sow the deceased alive on		WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO				Add	ress			
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OR CONTRIBUTING CAUSE OF DEATH County County County	CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	RMED?
21. I certify that I attended the deceased from 1958, to 1958, to 1959, that I last saw the deceased alive an 1959, and that death accurred at 1111 M, from the causes and an the date stated abave ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. Bernard Cohen 3901 St. Paul St. 220. BURIAL CREMATION, 22b. DATE THEREOF PARTIES (Street, city or town, stote) PHYSICIAN'S NAME (Type) Dr. Bernard Cohen 3901 St. Paul St. 22c. NAME OF CEMETERY OF CREMATION (City, town, or county) (State) Burial Jan. 8, 1959 Har Zion Tifereth Israel Baltimore, Md.	1	OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Er	nter nature al	Finjury in I	Port I or Part	II of item 18.)				
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NAME (Type) Dr. Bernard Cohen 3901 St. Paul St.		ACTUAL SIGNATURE	Denae	1)	Cahen	M.D.	The 1	has	plas	der o	N	<u></u>		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 220. DATE THEREOF 220. NAME OF CEMETERY OF CREMATORY Burial 220. LOCATION (City, town, or county) (State) Baltimore, Md. 230. FONERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REC'D BY REGISTRAR 240. REC'D BY REGISTRAR 240. REC'D BY REGISTRAR			. Bernard	Coher	n		39	01 St	. Paul	St.				
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			Jan. 8,1	959	Har Zion Ti	lfer	eth Is	rael	Balt	imore, M	ld.			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL	EVA MAINIEDIC	CEDTIEICATE	OF	DEATH
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

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R	eg.	Dist.	No.	

12. CITIZEN OF WHAT COUNTRY? U.S.A.

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0	COUNTY	timore		MARY								ssion)
b.	and give nearest town		RAL C.	LENGTH OF STAY				porate limits, wr	ite RURAL o	nd give s	nearest to	wn)
d				I, give street addre	is)	d. STREET ADDRESS	Popul	p.d			ON	ESIDENCE A FARM?
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0	ECEASED		ì	Middle		Gregory	4. DATE OF DEATH	1	onth	6		959
5. 51	Male 6						1907	foot birthday)	Months	-	Hours	ER 24 HRS Min.
d	iring most of working li	ife, even if retired)			INDUSTRY							COUNTRY
13.		er Gregory			1							
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	gave rise to immediat	which (b)										
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ŭ	20a, EXTERNAL CAUSE PRIMARY ar CONTR CAUSE OF DEATH.	WAS 20b. D	DESCRIBE HO	O NIJURY OCCUI	RRED. (Ente	r nature of injury in Pa E	ort I or Port II	of item 18.)				
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	ACTUAL DO	sulted from: Nat	tural cau	ses 🛣. Accid	dent 🔲				termined	monn	DATE S	
	EXAMINER'S	Dr. M.B. Da	oric M	n	^	n.D.	CAL EXAMINE	R 🗍			1-1	6-59
	(1) (1)	DI. H.D. Da	ATSIL	٠ لـل ٠		DEFOTT MEDICAL	. EVWWIINERS	ث ت				
5. 10 10 10 10 10 10 10 10 10 10 10 10 10	b. N. N. Oo SEE	b. CITY OR TOWN (II out and give nearest town) Sparrows d. NAME OF HOSPITAL Bethlehem D. NAME OF DECASED (Type or print) SEX Male On. USUAL OCCUPATION during most of working I Reper K Blas 13. FATHER'S NAME Alexand Alexand S. WAS DECEASED EVER Yes, no, or unknown) 10. CAUSE OF DEATH PART I. DEATH PART I. DEATH PART II. OTHER COUSE OF DEATH PART II. OTHER 20a, EXTERNAL CAUSE PART II. OTHER 20a, EXTERNAL CAUSE CAUSE OF DEATH CAUSE OF DEATH 21. I certify that opinion death re ACTUAL SIGNATURE EXAMINER'S	Baltimore b. CITY OR TOWN (III outside corporate limits, write RU and give nearest found) Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (III not be bethelenem Steel Hosp) NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. Male Negro Wolden Working life, even if retired) Con JUSUAL OCCUPATION (Give kind of work dand during most of working life, even if retired) Ceper K Blast Furnace 3. FATHER'S NAME Alexander Gregory 18. 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MAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) Bethlehem Steel Hospital I. MAME OF DECEASED (I'yea or print) Edward See A. COLOR OR RACE T. MARRIED NEVER MARRIED NEVER MARRIED October 15, 1907 St. SEX Male Negro WIDOWED DIVORCED October 15, 1907 St. WAS COLORION (Give Lind of work done) October 15, 1907 St. WAS DECEASED CAUSE OF DEATH Alexander Gregory Steel Steel I. MOHER'S NAME Alexander Gregory Steel II. MOHER'S MAIDEN NAME Alexander Gregory St. WAS DECEASED EVER IN U. S. ARMED FORCESS III. STATE MAIDEN NAME Alexander Gregory III. STATE MAIDEN NAME III. STATE MAIDEN NAME Alexander Gregory III. STATE MAIDEN NAME Alexander Gregory III. STATE M	b. CIVINY Baltimore b. 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talle K Jaw 802 Madison Avenue

24o. REC'D BY REGISTRAR DATE SAN

24b. REGISTRAR'S SIGNATURE

VS. AISME 5M 2/57

VS A1S (4) 1SM 10/57 282 CERTIFICATE OF DEATH

			-
Rea.	Dist.	No.	

1. Place of DEATH o. COUNTY Baltimore		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Marylan	here deceased	lived. If institution b. COUNTY	on: Residen	ce before a	idmission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside corpor	ote limits, write R	URAL ond g	give nearest	(town)
Fort Howard		26 Days		Baltimo	re		(17)	3V.	01-4
d. NAME OF HOSPITAL (If not in hospin OR INSTITUTION Admini				d. STREET ADDRESS 583 Hof	fman S	treet			S RESIDENCE ON A FARM? ES NO K
3. NAME OF DECEASED (Type or print) JOH	First	Middle		Lost CROSS	4. DATE OF DEATH	Janua		Doy 26	Yeor 19 59
5. SEX 6. COLOR OR RA		RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
Male Colored	WIDOW	ED DIVORCED	[X	December 16,	1915	ost birthdoy) yrs.	Months	Days H	ours Min.
10o. USUAL OCCUPATION (Give kind of weduring most of working life, even if ret		KIND OF BUSINESS OR adies Cloth		Baltimore,	or foreign co	and		S .	A.
13. FATHER'S NAME William H. Gross				14. MOTHER'S MAIDEN I Heleh Jeny					
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) Yes W II	of service)	SOCIAL SECURITY NO. 219-07-3232		irormant in. Rec., Vet	.Adm.H	ospital,		ward,	Md.
PART I. DEATH WAS CAUSED IMMEDIATE CAUS / 50 × Conditions, if ony, which gove rise to immediate caus couse (o), stoting the under-lying couse lost. Part II. OTHER SIGNIFICANT CO 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING	(b) TO (c) CONDITIONS (CONTRIBUTING TO DEAT	TH BUT		INAL DISEASE	CONDITION GIV	EN IN PART	2 /	MONTHS WAS AUTOPSY ERFORMED?
20g. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE 20c. TIME OF INJURY Month, Day,	R)	NJURY OCCURRED 2	20 - DI 4	CE OF INTERPRETA	Tant (a)				
A Hour o. m.	While		foc	CE OF INJURY (Home, form lory, street, office bldg., etc	n, 1207. (City	or town)	(C	ounty)	(Stote)
21. I certify that x affended of the concentration			death	accurred at 10:50	PM, from ADDRESS (Str.	the causes a	nd an th		
PHYSICIAN'S NAME (TYPE) CHIEN WEI	LAN, M	.D.		1 40 40 40 40 40 40 40 40 40 40 40 40 40					
220. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) //30	11959	Baltimore ADDRESS		ional Cem.		on (City, town, of more, Mar 24b. REGIS		d	(Stote)
rlington S. Phillip	s,1808	-10 N. Mon	100	Balto MODATEEB	2 '59	ant	w7 8. A	Comes.	

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FOR STATE HEALTH DEPT y, please or. Page Health,

files.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Diet Ne

1. PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (W		OUNTY	ce before admission)
b. CITY OR TOWN (III	f autside carparate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits,		
	AL OR INSTITUTION (If not in h	ospital, give street oddress)	d. STREET ADDRESS	la Julie	15.5	e is residen on a far yes II no
3. NAME OF DECEASED (Type or print)	First DANA	Middle D.		4. DATE OF	Month	Doy Yeor 23 1959
5. SEX Male		RIED NEVER MARRIED 8		9. AGE (In y last birthdo	years IFUNDER 1	YEAR IF UNDER 24 Hours Min.
13. FATHER'S NAME	rest Han	Me Julie J. M. Social Security No. 17. INT. 28-32-8217	A. MOTHER'S MAIDEN X	AME	adress Ille	inillo,
916.0 Conditions, if gave rise to imme (o), stating the cause tast.	underlying DUE TO	Massive burning CONTRIBUTING TO DEATH BUT NO			ON GIVEN IN PART	1(o) 19. WAS AUTOP PERFORMED YES NO
PART II. OT	NTRIBUTING 🗆	RIBE HOW INJURY OCCURRED. (En	iter noture of injury in Part	f or Port II of item 18.)		TO SEE THE SEE
		Conflagration of	of home			
20c. TIME OF INJU-	1/23 1959 ot	d. INJURY OCCURRED 20e. PLACI foctor wark at work	E OF INJURY (Hame, form, ry, street, office bldg., etc.) Home	Stevenso		to. Me
20c. TIME OF INJU-	1/23 1959 ot	d. INJURY OCCURRED 20e. PLACI foctor work of work seribed obav	E OF INJURY (Home, form, ry, street, office bldg., etc.) HOME ve, held an Autapsy	Stevenso	n Balt	to. I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificate ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral distance to the should be formed as a should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board at its designated agent, prior to burial, crematian, or remayal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 224 CERTIFICATE OF DEATH

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	404						•		Reg. Dist.	No.	
o. COUNTY					2. USUAL RES	IDENCE (Wh	ere decease	d lived. If institut		before ad	mission)
	ltimore		MAR	YLAND	U. SIAIL	Marvl	and	b. COUNT	1775 19 1 10	more	
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR	TOWN (If o	utside corpo	prote limits, write			
200	Brighton				X Ba	Itimo	220	75			
d. NAME OF HOSPIT	AL (If not in hospital,	give street	address)		d. STREET		21 6			e. IS	RESIDENCE
OR INSTITUTION	Fairmoun	+ Are	nne		6616	Fairm	ount	AVA			N A FARM?
NAME OF		rsi	Middle	e	10	ost .	4. DATE	Mo	nth	Doy	Yeor
(Type or print)	Iowne		Guv		arbaug		OF DEATH	°T	-	Oby	_
SEX	6. COLOR OR RACE	7. MADO	RIED X NEVER MARR		B. DATE OF BIR		Juni	9. AGE (In years	4	YEAR IS U	19 5
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Male Male	White ON (Give kind of work	WIDOWI			March	2, 10	800	'/O yrs			
during most of worl	king life, even if retired	one IVO.	KIND OF BUSINESS	OK INDUS	TRY 11. BIKIMI	PLACE (Stole	or foreign c	ountry)	12. CH1Z	EN OF WH	HAT COUN
Carpent	er		Retired		N	laryla	ind		U	.S.A	
, FATHER'S NAME					14. MOTHER	S MAIDEN N	AME				
Issac	Harbau	gh			Edi	th A	rnsn	arger			
	R IN U. S. ARMED FOI		SOCIAL SECURITY NO	O. 17. II	NFORMANT				resimor	75	Man
No	None	2	16-05-90	1 TMr	Rohe	rt Ha	mhan	ch 6608	000	מנוחוו	+ 1777
	ATH [Enler only one co	ouse per lis			11000	1 11 110	0	E11,000	raii		BETWEEN
	TH WAS CAUSED BY:	1 // 1	(c), (c), (c), (n)		16	-//	10	1.			ND DEATH
1930	IMMEDIATE CAUSE (Jarcino	ma	11	inu		u	4		
175,0	DUE TO)			11 0	13-		1 1 14	2 1	50	m
Conditions, if o)(U	Mu	7	1 July	/	0 () /
couse (o), stoting		- L I	A	- 1	0 -	A.	11 -	1 6		A	
lying couse lost.) (1 2	aren	1	clerol	ne 1	Heary	Duse	me	d	gr?
PART II. OTH	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	EATH BUT	NOT RELATED T	O THE TERMIT	NAL DISEAS	E CONDITION GI	VEN IN PART I		AS AUTOPS
											REFORMED?
PART II. OTH	S UNDERLYING	20b. DES	CRIBE HOW INJURY O	OCCURREC	. (Enter noture	of injury in P	ort t or Por	t II of item 18.)			
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJUR	Y Month, Day, Ye	or 20d It	NJURY OCCURRED	20e PLA	CE OF INJURY	IHome form	206 (5)	or town)	15-		154.4
Hour o.m.	19	While	_ Not while _		tory, street, offic			or town,	(Co	unty)	(Stot
p. m.	17	ot worl	k of work				1				
21. I certify th	at I attended the	decease	ed fram Chy	4-	1956	_, to_ M	7.	7-, 195	2.,that I la	st saw th	he decea
alive an Jan	2.2-	195	S, and the	t death	accurred at	10.40 P	M. from	n the causes	and an the	date st	ated abo
(10	1 1 1 1		4					treet, city or town		doic si	DATE SIG
SIGNATURE TO	1 L. loh	Am	her.		. Hint	2. Llv.	t. K	to Bon	11	1 5-1	hul-14
SIGNATURE	1 1	21	1		N.D. ,	111	11/11/		Marry .	12	
PHYSICIAN'S NAME (Type)	4-1 L.C	han	nhers-		41081	iher	to Ht.	- 12 H	1 - 7-	had	/
20. BURIAL, CREMATIO	N. 22b. DATE THEREC)6	Im. Mars 25		11.00		1-1(1)		V		
REMOVAL (Specify)	7 70	705	22c. NAME OF CEM					TION (City, town.	0 10	_	State)
Burial	Jan.10	,195	Druid	nlag	e Ceme			esville	7	aryl	and
. FUNERAL DIRECTOR	SIGNATURE	0/1	ADDRESS	////	-1 WALL	24a. REC'D	BY REGIST	RAR 24b. REG	STRAR'S SIGN	ATURE	
mane	4. 11011	1441	VIRE	1/2	11/11/	DATE . PA	N 1 2 "	59 I a	other 8:	Tenso	

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COUNTY b. COUNTY

day.	
	1. PLACE OF DEATH a. COUNTY
	Baltimore

within 24 haurs ofter death. Page 4

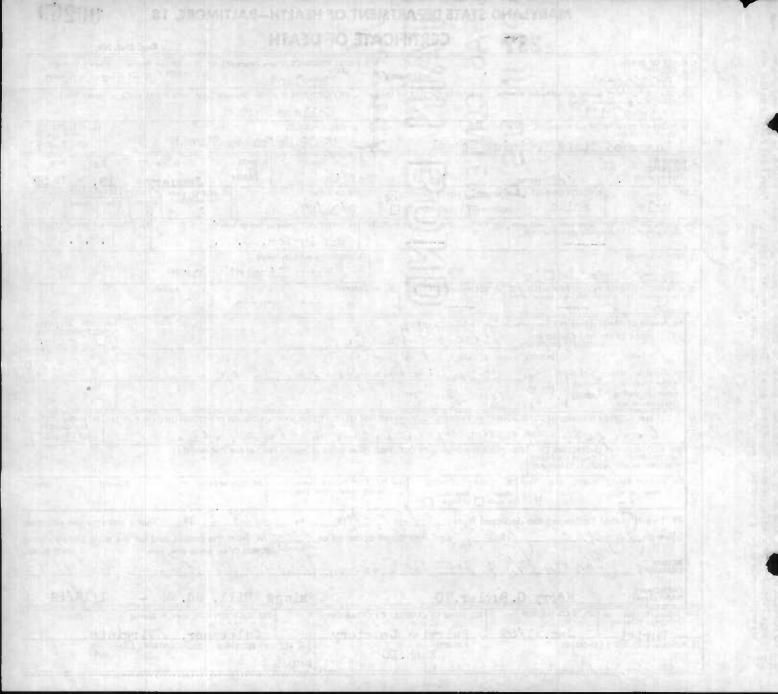
VS A15

	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore. Md.
90	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Stella Maris Hospice	d. STREET ADDRESS 1635 Moreland Avenue e. Is residence on a farm? YES \(\) NO \(\)
	3. NAME OF First Middle DECEASED Mary Ellen	Lost 4. DATE Month Day Year OF Jan. 24 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: long birthday) 10/1/1862 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: long birthday) yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife	Maryland II.S.A
G	Patrick Foley	14. MOTHER'S MAIDEN NAME Bridget O'Toole
0	(Yes, no, or unknown) (If yes, give wor or dates of service)	ome Records
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under: lying cause lost.	in sufficiency onser and DEATH extend He cut I proline
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?, YES NO DED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
/		h occurred at
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 1/27/59 New Cathedra 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Balto Md.
11	Com J. Tickenes 4 Lous - Valle 1	7 MC DATEJAN 2 8 '59 Cinius & House.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOF Month Year 19 59 18 January IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T (County) (Slote) ___,that I last saw the deceased M, from the causes and an the date stated above. ADDRESS (Street, city of town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) Virginia 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 2 DATEJAN 2 0 '59



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	283		CERTII	FICAT	E OF DEAT	Н	Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Baltimo	re	MARY	- 11	USUAL RESIDENCE (Vo. STATE Md.	Where deceased I	b. COUNTY	Baltim	
b. CITY OR TOWN RURAL and give r	(If outside corporate limits nearest tawn)	, write c. 1	LENGTH OF STAY I	N 16 ×	011.	f outside carporo	te limits, write RURAI	L and give near	est tawn)
d. NAME OF HOSPI OR INSTITUTION	1TAL (If not in haspital, give 2904 Alde)	re street oddr 2 Rd.	e 53)	1	d. STREET ADDRESS	n Rd.		•	IS RESIDENCE ON A FARME YES NO S
3. NAME OF DECEASED (Type or print)	finst Catherin	e	Middle	Н	last	4. DATE OF DEATH	Month 7 -	Doy 3.1	Yeor 19 5 9
5. SEX Female	4 4 4 4	MARRIED WIDOWED	NEVER MARRIE		Quelu 16	1880		INDER 1 YEAR I	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATI	ION (Give kind of wark derking life, even if retired)	A	D OF BUSINESS OF	RINDUSTR	11. BORTHPLACE (SID	he of threign cou	intry)	U.S.t	WHAT COUNTRY
13. FATHER'S NAME	Thomas	Mc Au	diffe		atherine	Λ 1			
15. WAS DECEASED EV (Yes, no or unknown)	TER IN U. S. ARMED FORCE (If yes, give wor or dates of ser		IAL SECURITY NO.	Joh	n Hennes	sy, Jr.	2904 Ala	den Rd.	
The second secon	ATH [Enter only one country one country was caused by: IMMEDIATE CAUSE (o), DUE TO	se per line fe	(a), (b), and (c).	en	regocar	ditte	Day D.	INTER	TAND DEATH
Conditions, if gove rise to cause (o), stoting lying couse lost	the under-	ITIONS CON	TRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIVEN	IN PART 1(0) 19	. WAS AUTOPSY PERFORMED?
OR CONTRIBUTION	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OF	CCURRED. (Enter nature of injury i	in Port I ar Port	II of item 18.)		YES NO
20c. TIME OF INJU	10	While of work	Not while		OF INJURY IHome, for y, street, office bldg.,		or town)	(County)	(Stote)
	am. 30	deceased , 195	7	death o	1956, to 3	ADDRESS (Stre	the causes and sell-city or town state	on the date	w the deceased e stated abave DATE SIGNED
220. BURIAL, CREMATI PREMOVAL (Specific		9 2	Co. NAME OF CEME	1 1	1	22d. LOCATI	ON (City, town, or co	ounty) Md.	(Stote)
23. FUNERAL DIRECTO	r's signature	5 Har	ADDRESS ford Rd	<u>redro</u>		EC'D BY REGISTR	AR 24b. REGISTRA	AR'S SIGNATUR	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIS OR: After this certificate has been signed by the attending physician and campletely filled in by uneral director. page 3 should be steached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer depth. VS A15 (4) 15M 9/5S

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201	CERTIFICA	AIE OF DEATH	R	eg. Dist. No.
1. PLACE OF DEATH a. COUNTY Ballemor	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk	LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside Dunda	de corporate limits, write RUR.	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street add OR INSTITUTION 8131 Cornwall R		d. STREET ADDRESS	unde K	e. IS RESIDENCE ON A FARM? YES NO R
3. NAME OF DECEASED (Type or print) Rebecca	Middle	Hess 4.	DATE Month OF DEATH	Day Year 1959
5. SEX 6. COLOR OR RACE 7. MARRIER WIDOWED		B. DATE OF BIRTH LL 14 1879		UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NO OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	(14. MOTHER'S MAIDEN NAM	Litrell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, ny. of unknown) (If yes, give wor or delea of service)	CIAL SECURITY NO. 17. I	NFORMANT well Hess 81.	3/ Corne	all Road
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (0). (b). ond (c).]	citent		INTERVAL PETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b) A-5	-e-V-D	berse		10 per
couse (o), stoting the under- lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH				IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PART 100 NO PART 10
		D. (Enter noture of injury in Port		
Y 20c. TIME OF INJURY Month, Day, Year 20d. INJU While at work	Not while at work	ACE OF INJURY (Home, farm, 2 ctory, street, office bldg., atc.)	Of. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on 1959		occurred at SEAN		hat I last saw the deceased I an the date stated above
ACTUAL MBDA	irsi	M.D. 6808 M	RESS (Street, city or town, star	DATE SIGNED
PHYSICIAN'S M. B. DAVIS	is mi)	N)UN dA	1K-27. 1	nd Tryling
Burist Jan 24/59	ML Can	R CREMATORY 22d	Baltin	ounty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	2112 Dun	Lalle DATEN 26	REGISTRAR 246. REGISTRA 259 Onthug	AR'S SIGNATURE

uneral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIC OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shifthe registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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	202			Reg. Dist. No.
)	1. PLACE OF DEATH)	2. USUAL RESI		stitution. Residence before admission)
	O. COUNTY DallIMORE	MARYLAND O. STATE), (, b. coi	HarneTT
	b. CITY OR TOWN (If outside corporate limits, write c. RUBAL-pnd give nearest town)	LENGTH OF STAY IN 16 c. CITY OR	TOWN (If outside corporate limits, w	rite RURAL and give nearest town)
	X)4Ndalk 22	Silve X Ti	11/N& TON	
	d. NAME OF HOSPITAL (If not in hospital, give street addition in Nospital), give street addition in Nospital, give street addition in Nospital, give street addition in Nospital, give street addition.	ress) d. STREET A	OUTE 3 BO)	•. IS RESIDENCE ON A FABA? YES 12 NO
	3. NAME OF DECEASED (Type or print) AMAGE OF First DECEASED (Type or print)	Pachoal 1+1	OF	Month Day Year VUGRY 2 7 195-9
		NEVER MARRIED 8. DATE OF BIRT		
U	Female Coloped WIDOWED		19.1870 38	yrs. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b, KIN during most of working life, even if retired)	T 11110 -	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	STATE OF THE STATE	MAIDEN NAME	4,3
		1/-07	TIP AIKE	A . C
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	TAL SECURITY NO. 17. INFORMANT	110 /41110	Address
1		one Della HI	1CKS 107 Fair	Abanks CT
1	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED 8Y:	or (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Remia		Zdays
	444X DUE TO	1 ()	4 2 1 - 1.2	9.100
	Conditions, if any, which by the gove rise to immediate	RENSIVE CARTIO-N	ascular Dise	ase orgin,
	lying cause lost. DUE TO (c)	Dephaitis		in.
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
				YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (Enter nature of	of injury in Part I or Part II of item 13	8.)
		RY OCCURRED 20e. PLACE OF INJURY ((Caunty) (State)
	Hour o. m. While of work	INGI WINIE	b blog., elc.)	
	21. I certify that I attended the deceased	from JUN 1953, 195	3, 10 Da Nuger 7, 19	Digithat I last saw the deceased
	alive an Dany a R4 27, 1959	, and that death accurred at	7 30 M, from the cau	ses and an the date stated abave
	24.00 0 Och	j_	ADDRESS (Street, city or	lawn, stole) DATE SIGNED
1	SIGNATURE SILLIAM C. SIGNATURE	Q M.D. 146	Oak Ave.,	DUNGUITI22 Mc
1	PHYSICIAN'S WILLIAM C.WG	le, M.D. L	Dundalk 2	2 mol.
	PENOVAL (Specify)	C. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, 1	own, or county) (State)
	Burial 1-31-59	Arbutus Memorial Par	k Baltimore,	Maryland
	23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR'S SIGNATURE
	trasles / Jaw 80	2 Madison Avenue	DATE FEB 2 '59	arthur & st.

TO FUNERAL DY 1008: After this certificate has been signed by the ottending physician and completely filled in by funeral director, page 3 should redetached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or removal, and in any event within 22 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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may be retained by the hospital or attending physician.

O FUNERAL DIF OR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sit the registror priar to burial, cremotian, or removal, and in any event within 72 haurs after death. may be retained TO FUNERAL DIS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

	430	CERTIFICA	IL OI DEATH	Reg	g. Dist. No.		
)	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	nd b. COUNTY			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Timonium	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	utside corporate limits, write RURAL	and give nearest town)		
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	2058 York Rd.		2058 Y	ork Rd.	YES NO X		
	3. NAME OF First DECEASED (Type or print) George	Thomas Hines	Last	4. DATE Month OF DEATH 1-30-5	Doy Year		
	S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS.		
	male white widows		3-12-1878	80 yrs.	oths Doys Hours Min.		
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Md				2. CITIZEN OF WHAT COUNTRY?		
,	33. FATHER'S NAME	re Doalde Hoad	14. MOTHER'S MAIDEN NA		0.0.11.		
1	John Hines		Sarah	?????			
		SOCIAL SECURITY NO. 17. INF	ORMANT	Address			
	(If yes, give war or dates of service) 21	16-07-5671 N	ellie P. H	ines abo	ove		
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) ### CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]					INTERVAL 8ETWEEN ONSET AND DEATH		
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	PERTANSIVE	CAR DIONA	Schutz Disens	ER 2 YRS.		
0	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO		
	OR CONTRIBUTING CAUSE OF DEATH	CRISE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art I or Part 11 of item 18.)			
	20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while facto	E OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)		
1	21. I certify that I attended the deceased fram						
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 2-2-59	22c. NAME OF CEMETERY OR C		22d. LOCATION (City, town, or cou	unty) (State)		
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Ork Md., Towso	24a. REC'D	8Y REGISTRAR 24b. REGISTRAR			

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VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	CERTIFICATE	OF DEATH	

Reg. Dist. No.

CERTIFICATE OF DEATH 29:

1. PLACE OF DEATH 0. COUNTY Baltimore		MAR	YLAND	2. USUAL RESIDENCE (W q. STATE Maryland	/here deceased	l lived. If instituti b. COUNTY	an: Residence	before ad	missian)
B. CITY OR TOWN (RURAL and give n Fort Howa		write c. LENGTH OF STAY		c. CITY OR TOWN (IF Baltimore	outside corpo		URAL and give	e negrest t	own)
d. NAME OF HOSPE OR INSTITUTION	TAL (If not in hospital, give	street address)		d. STREET ADDRESS #3 North A	bingto			01	RESIDENCE N A FARM? NO T
3. NAME OF DECEASED (Type or print)	RUFUS	Middle		HINNANT	4. DATE OF DEATH	January		Day 25	Year 1959
5. SEX Male	0-7	MARRIED NEVER MARRI	ED 🗍	8. DATE OF BIRTH June 26,1912		9. AGE (In years loo birthday) yrs.	Months Do	YEAR IF UI	
10o. USUAL OCCUPATION during most of wor Laborer	ON (Give kind of work dar king life, even if retired)	Copper Cor		Wilson, N	-			S. A	HAT COUNTRY?
John H. Mo	Allister			14. MOTHER'S MAIDEN Suveara Hi					
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCE			in.Rec., Vet	. Adm.	Hospital		vard,	Maryland
PART I. DEA 4443 × Conditions, if a gave rise to i couse (a), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO Ony, which immediate the under. (b) CUE TO (c)		AL AI CARI	DIOVASCULAR I	DISEASE			12 HO	OWN
[K]		TIONS CONTRIBUTING TO DE					EN IN PART 1	PEI	AS AUTOPSY REORMED?
	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY C	CCORREL). (Enter nature of injury in	Part I or Part	Il Of Item IB.)			
20c. TIME OF INJUR Hour a. m. p. m.	10	20d. INJURY OCCURRED While Not while of work 0 twork	20e. PLA fac	ACE OF INJURY (Home, farm tary, street, affice bldg., etc.	m, 20f. (City c.)	or town)	(Cou	nty)	(State)
ACTUAL SIGNATURE	la Un Ja	eceased from 2:10	PM 1	/25 1959 , to8; occurred of 8:55	P.M, from	1/25/1959 In the couses of reel, city or town,	and on the	date st	ated abave. DATE SIGNED 1/26/59
		I, M.D.		VAH, FORT					
Burial (Specify)	1-27-		Nat	ional Cem.	Balti	nore, Ma		(5	itate)
3. FUNERAL DIRECTOR	'S SIGNATURE	10190RESS AS		ton Ave 240. REC	D BY REGIST		STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00278 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Balto. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest town) Ellicott City Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? Oella Ave YES NO NO Shady Nook Nursing Home NAME OF First Middle Last 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) 1959 Adolphus Louis Holtman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED | DIVORCED | 1895 male white 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Balto. Co. road Dept Md -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adolphus L. Holtman Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 212-40-7284 Oella Ave, Ellicott City Mrs Mary Holtman no CAUSE OF DEATH [Enter only one cause per_line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUF TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

(County)

(Stote)

PERFORMED? YES NO

21. I certify that Lattended the deceased from

Doy, Year

Not while at work ot work

20d. INJURY OCCURRED

foctory, street, office bldg., etc.)

Acr. 19 5 That I last saw the deceased

Hour a. m

and that death accurred at 5 100 FM, from the causes and on the date stated above.

ADDRESS (Street, city or town, stote)

DATE SIGNED

ACTUAL PHYSICIAN'S

NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO!

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City/town, or county)

(Stote)

DREMOVAL7 (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

24g. REC'D BY REGISTRAR

Ilchester, Md 24b. REGISTRAR'S SIGNATURE

F.C. Higinbothom

Ellicott City, Md.

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0 VS A15 (4) 15M 9/55

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death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	29:	3 CERTIFIC	ATE OF DEATH		Reg. Dist. No	
1. PLACE OF DEA o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	n: Residence before Baltim	
RURAL and	WN (If outside corporate limits, wi give nearest town) Hebbville	9 623 0	c. CITY OR TOWN (IF o	outside corporate limits, write RU	RAL and give ne	arest town)
d. NAME OF I	HOSPITAL (If not in hospital, give station 3411 Rolling R		d. STREET ADDRESS 341Rolling R			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Harry	Middle Frank	Hook	4. DATE Month OF DEATH Januar		19 59
5. SEX Male	White	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Mar. 22, 18	7.9 lest-birthday) 7.9 yrs.	Months Days	Hours Min.
Elec	ctrician	10b. KIND OF BUSINESS OR INDIGENTAL. Martin		or foreign country) ter, Maryland	12. CITIZEN C	OF WHAT COUNTRY
13. FATHER'S NAM	AE	Hook	Mary He			
15. WAS DECEAS (Yes, no. or unknown) No	ED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 212-20-5462A	Blanche R.	Hook-3411 Rol		ad
PART 420. Conditions gove rise	I. DEATH (Enter only one couse p I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO . if ony, which to immediate to immediate lost DUE TO	Coraray) Arterioscler	Heart Disco	azi	INT ON:	ERVAL BETWEEN SET AND DEATH 2 - 3 yrs.
PART I	I. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU			N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBI	JTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER) INJURY Month, Day. Year 20 D. m.	Dd. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(County)	(Stote)
21. I certificative an	fy that attended the dec	seased from 1057	h accurred at	M, fram the causes an	d an the da	aw the deceased ite stated above DATE SIGNES
PHYSICIAN'S NAME (Type)	Milton Schler	noff, M.D.	M.D6410 W	Vindsor Mill Ro	oad - 7	
220. BURIAL, CREA REMOVAL (SE Buria	MATION, 22b. DATE THEREOF 1/21/1959			22d. LOCATION (City, town, or Baltimore		(Stote) cyland
23. FUNERAL PIRE	CTOR'S SIGNATURE	ADDRESS Hah			RAR'S SIGNATUL	

moy be retained the haspital or attending physician.

TO FUNERAL DISTRIBUTION OF After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shouther registror priar to burial, cremation, or remayal, and in any event within 72 hause after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN III outside carporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN_(If outside corporate_limits, write RURAL and give nearest town) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 YES NO NAME OF Middle 4. DATE First Year DECEASED OF DEATH (Type or print) 195 9. AGE ile years 5. SEX NEVER MARRIED S 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. MARRIED T Days WIDOWED [DIVORCED 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Poge pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Lunis IMMEDIATE CAUSE (o) DUF TO Cold of Plastic over fack Conditions, if any, which gove rise to immediate cause DUE TO (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO R YES | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) of work at work 2). I certify that I took charge of the remains described above, held an Autapsy . Inspection X Inquiry X and in my oed O opinion death resulted from: Natural causes X. Accident 1. Suicide . Homicide Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 9 - 5 ASSISTANT MEDICAL EXAMINER should FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 40 ADDRES: 23. FUNERAL DIRECTOR'S SIGNATURE 240. RECO BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME

MENCAL EXAMINARY CERTIFICATE OF STAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		o. COUNTY Balton MARYLAND	o. STATE my b. COUNTY Balto
	Ь	D. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Lutherville 2 vrs	X Lether will
-A	o	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
0		Green Epring and	Green Spring and YES NO
	1	NAME OF DECEASED (Type or print) UAMES HARRISON	HUNT DATE Month Day Year DEATH Jan 28 1959
	5. S		B. DATE OF BIRTH 9. AGE IIn years IF UNDER 14 FAR IF UNDER 24 HRS
_		male with WIDOWED DIVORCED	acy 15, 1839. Gg yrs. Months Doys Hours Min.
I	100	USUAL OCCUPATION (Give kind of work done of the strength of working life, even if relired) Rarding Resident	D The second
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Wir Thre. Funt	Barah Baslen
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
		no. m. mane	rene Track.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TOPERERY	Occheron 10 min.
		420.1	
			ectoris 2 yrs
		gove rise to immediate cause (a), staling the underlying DUE TO	
		couse lost. (c)	
-	S S	A	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
0	3	man.	YES NO
	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (PRIMARY) or CONTRIBUTING [CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL		CE OF INJURY (Home, form, 20f. (City of town) (County) (State)
	MED	2145 p.m. Jan 28 1957 While Not while	Litheroulle, Ballo may
		21. I certify that I took charge of the remains described about	ove, held an Autopsy . Inspection . Inquiry , and in my
		opinion death resulted fram: Natural causes X, Accident	, Suicide, Homicide, Undetermined manner
		ACTUAL & CARCES	M.D. CHIEF MEDICAL EXAMINER (
3		SIGNATURE A. A. Core, Core	M.D. ASSISTANT MEDICAL EXAMINER
d		EXAMINER'S D. D. C. A. P.L.F.S	DEPUTY MEDICAL EXAMINER
	220	BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF	the state of the s
	1	BURIAL 1131159 CARROLLS	CHAPEL NUTHERVILLE MP
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	7	town Durno sons lowson	1,170, page 2 '59 arthur S. Thank

TO DEPUTY MEDICA execute the certification of the second be formally as a should be formally as a second of the se

AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nearly safe, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral dyded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for CIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

DATE

VS A1S (4) 1SM 10/S7

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puo carbon ŏ ofter physician haurs remove attending death P any per burial-transit certificate R: Afte burial, the prior 80 DIR. shauld TO FUNERAL E TO HOSPITAL VS A15 (4) 15M 9/55

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NAME OF

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heral director, 湯 may be retained if the haspital or attending physician. O FUNERAL DIRY OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shather registrar prior to burial, cremation, or removal, and in any event within 72 hours, offer death. 00 I

death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO FUNERAL DIR.
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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 290

CERTIFICATE OF DEATH

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40 9 OEKINIO	ALE OF BEATTI	Reg. Dist	. No.
1. PLACE OF DEATH BULLINGTE MARYLAND	O STATE	b. COUNTY Sale	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jawn)	c. CITY OR JOWN (If outside	e corporate fimits, write RURAL and gi	ve nearest fawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION H. S. C.	d. STREET ADDRESS 748 as	meslie Rd	e. IS RESIDENCE ON A FARM? YES NO
R. MAME OF DECEASED (Type or print) CHARLES E JEN	6/1016	DATE Month OF DEATH AN	Day Yeor 1959
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH QUIA 5 188		YEAR IF UNDER 24 HRS. Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done doring most of working life, even if refined). On all of Perm R	DUSTRY 11. BIRTHPLACE (State or for	reign country) 12. CITIZ	ZEN OF WHAT COUNTRY
Edward Lenkins	14. MOTHER'S MAIDEN NAME MANGASE	of Donne	lles
(If yes, grup war produces of service) 16. SOCIAL SECURITY NO. 17. (If yes, grup war produces of service)	my Chase	Enkins Da	me
78. CAUSE OF DEATH [Enter only one cause per line for at (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO (c)	l viscula	2 accident	INTERVAL BETWEEN ONSET, AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port 1	or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	PLACE OF INJURY Home, form, 20 foctory, street, office bldg., etc.)	f. (City or town) (Co	ounty) (Stole)
21. I certify that I attended the deceased from 5/28 alive on 1/2/59, 19, and that deal SIGNATURE PHYSICIAN'S NAME (Type)		tram the causes and an the tess (Street, city or town, state)	ast saw the decease e date stated above PATE SIGNE
220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY BURIAL (Specify) Jan. 20, 1959 Baltimore M	or crematory 22d.	Baltimore	(State)
Recury W. genhins + Sons. Co. 4905 yo	che Road DATEN 19	registrar 246 registrar's sign	NATURE

HERE AND RESIDENCE OF THE PROPERTY OF THE PROP							
		TE OF DEATH	260				
					WAN MEDICA		

Maryland

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Reg. Dist. No

Baltimore

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

c. CITY OR TOWN (If autside carpopate limits, write RURAL and give nearest town)

b. COUNTY

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death.

1. PLACE OF DEATH

. county ltimore

b. CITY OR TOWN (If autside corporate limits, write

VS A15 (4) 15M 9/55

RURAL and give nearest town) Edgemere Edgemere vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2511 School House Lane School House Lane YES NO TO NAME OF DECEASED Middle 4. DATE MORRIS WILLIAM **JOHNS** DEATH January 21st, 1959 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 69 (in year 9. AGE (In years Months Jan.12.1890 male WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Wales. England USA Steel 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Johns Mary Lewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 213-07-6089 Wm.Plumboff no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 502.0 DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. m While Not while at work at work 19.5.7 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2 AM, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S John V. Conway . M. D. Sparrows Point 19, Maryland NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Oak Lawn Cemeterv Baltimore Co., Maryland FUNEBAL DIRECTOR'S SIGNATUR ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Dundalk 22 arily & Thraces PARN 2 6 '59

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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
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	3	301	CERTIFI	CATE O	F DEATH	1		Reg. Di		,,,,,,,	
1. PLACE OF DEATH o. COUNTY BALTIMOR	E		MARYLAI	a. STAT	RESIDENCE (Who		d lived. If institution b. COUNTY	on: Resider	nce befor	re admiss	ion)
b. CITY OR TOWN (If	outside corporate lim	its, write	c. LENGTH OF STAY IN	1b c. CITY	OR TOWN (If a	utside carpo	rote limits, write R	URAL ond	give nec	rest town	1)
FORT HOWA			17 DAYS		CHESTER	TOWN		113	7. 2.		
d. NAME OF HOSPITAL		give stree		d. STR	EET ADDRESS	7 03911				e. IS RES	IDENCE
OR INSTITUTION VETTERANS	ADMINISTR	AMTO	N HOSPITAL	3	I CALVE	BT ST	REET				FARM?
3. NAME OF DECEASED (Type or print)	Fi		Middle R.	TOH	Lost NSON	4. DATE OF DEATH	Mon JANUA		Do 9	у	Year 19 59
	2002	7. MAI	RRIED NEVER MARRIED				9. AGE (In years	IF UNDER			
MALE	NEGRO	WIDOV	_			1895	lost birthdoy)	Manths	Days	Hours	Min.
			. KIND OF BUSINESS OR II	- 0010.				12 CIT	IZEN OF	WHATC	CUNTR
during most of working	g life, even if retired	1)	PRIVATE FAMII		ESTERTOW			12.00	U.S		.001111
3. FATHER'S NAME				14. MOT	HER'S MAIDEN N	IAME					
AMOS JOHN	ISON				FANNIE	BLACK					
5. WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16	SOCIAL SECURITY NO.	INFORMANT			Add	ress	-		
Yes, no. or unknown) (If	yes, give war or dates of	service)	NONE	CLIN.	RECORDS,	VET.	ADM. HOS	SP. F	Т. Н	OWAF	D. I
Conditions, if ony gove rise to im- couse (o), stoting the lying couse lost. PART II. OTHE	mediote DUE TO	s)	CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMI	NAL DISEAS	E CONDITION GIV	'EN IN PAR	RT 1(o) 1	PERFC	AUTOPS ORMED?
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter nat	ure of injury in P	Part I or Por	t II of item 1B.)			163	NOL
20c. TIME OF INJURY Hour o. m. p. m.	19	While of we	ork ot work	foctory, street,	URY (Home, form, office bldg., etc.)	•	<u> </u>	County)		(Stot
ACTUAL SIGNATURE		0000	sed from Decemboscock and that de	eath occurred	AH, Fort	M from ADDRESS (So t Howa	the causes an	d an the		stated	
220. BURIAL, CREMATION											
REMOVAL (Specify)	1/12/59		Janes Ceme		RY	22d. LOCA	non (City, town,	or county)	id.	(Stot	te)

REPARTS A STABLE BEST OF THE The state of the s . No action of the contract and the

FOR STATE HEALTH DEPT. or. Page ir files. of Health, ary, please M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral dial should be for the death of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIAL-CIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, priar to burial, cremation, ar removol, and in any event within Jy Fraurz offer death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00285

			200					Reg.	Dist. N	0.	
1.	PLACE OF DEATH	•	JUZ		2. USUAL RESIDENCE	(Where decer	osed lived. If institu	tion: Resi	dence be	fore odm	ission)
	o. COUNTY	Baltimore		MARYLAND	O. STATE	vland	b. COUNT		+4		
-	b. CITY OR TOWN (II	I outside corporate limits, writ	e RUPAL	c. LENGTH OF STAY IN 16			rporate limits, write		time		lawn
	and give nearest town	1001			5.1.	/	rporore minne, write		9	1001031 10	
-	Bengles				34 Bengie						
				espital, give street address)	d. STREET ADDRESS						RESIDENCE A FARM?
_	Pa. R.R	. Benies Cr	ossin	g	3021 B	engies	Rd.			YES [NO
3.	NAME OF DECEASED	Fi	tet	Middle	Lost	4. DATE	Monti	h	Doy	,	Yeor
	(Type or print)	Cath	erine	Jones		OF DEATH	January	v 23.			19 59
5.	SEX	6. COLOR OR RACE			8. DATE OF BIRTH		9. AGE (In years	The state of the state of	R IYEAR	-	DER 24 HRS
	Female	White	WIDOWI		** 30 30	=0	lost birthday)	Months	Doys	Hours	Min.
10				KIND OF BUSINESS OR INDU	NOV = 10 , 19		6 yrs.	12 0	TIZENI	E MAILAY	COUNTRY
1.0	during most of working	ng life, even if retired)	Gone Tob.		THE BIRTH CACE (SIE	or toreign	Country	12. 0	IIIZEN C	IF WHAI	COUNTRY
L	Student			School	Maryla	nd			U.S.	.A.	
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	David Jon	nes			Lila Ro	per					
15	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address				
	No	(it yes, give wat or doles of	Torvice,	None	David Jones	S	ame				
=		TH [Enter only one co	use per line		David Solles		Jan C		INTE	RVAL BETW	ILEN!
		TH WAS CAUSED BY:	M.	1466	whan 17	11 . Tu	44		ONS	ET AND DE	ATA
	0	IMMEDIATE CAUSE (o	11/0	LTIPLE UN	upour 1/	wall	45		100		
	810 X	DUE TO		10 51					<		_
	Conditions, if o		Mu	eletis SK	ul						
	gove rise to immed										
	cause lost,	(c)								
Z	PART II, OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(0)	9. WAS	AUTOPSY
ATTON			-						1		NO NO
1 %	200 EXTERNAL CAL	ISF WAS 2	N DESCRIE	BE HOW INJURY OCCURRED.	Enter nature of injury in the		1 -1 (2 10)			153	NO
CERTIF	PRIMARY DO COL CAUSE OF DEATH.	NTRIBUTING []	IDX	1125 Sty	rick GP	1 TAA	m/ Be	16.6	· (no	1 2
3	20g. TIME OF INJU		pr 20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Flome, for	201 15	70 (100 2	
MEDIC	2 Holir orm	11.13/-	Whi	e Not while	tory, etreet, office bldg.,	Hc.) 1207. (CII	y or town)	10	ouply)	1.	7,0
×	p. m.	1/10/4/19		ork ot work	C. Classy.	VIIId	ate Uni	20-	Har	99-	IKX
	21. I certify th	hat I taok chárge	af the	remains described abo	ave, held an Autai	osy 🔲, I	Inspection 1	Inqu	iry []	on	d in my
	opinian death	resulted fram:	Natural	causes , Accident	Suicide .	Hamicide	Undete	rmined	mann	er 🖂	
	n	000									
	ACTUAL	11128	ar	2si	CHIEF MEDICAL	EXAMINER [1		1	DATE S	SIGNED
	SIGNATURE	4 00	-		M.D. CHIEF MEDICAL	1000	372		1/	. 1	
	EXAMINER'S NAME (Type)	M.B.D	AVI	is Mi	DEPUTY MEDICA		- bad		12	4/5	9
220	BURIAL CREMATIC	N. 226. DATE THEREC	OF .	22c. NAME OF CEMETERY O	RCREMATORY	22d. LOCA	ATION (City, town,	or county)		(Stot	•)
	REMOVAL (Specify)	1/25/59	3	Potts Funeral	L Home	Frai	nklin, N.	C.			
23.	FUNERAL DIRECTOR	SIGNATURE /	1	ADDRESS	24o. RE	C'D BY REGIS	TRAR 24b. REGIS	TRAR'S S	IGNATU	RE	15777
1	ame!	magn	LARCE	and any for Tab	DATE	AN 26 '5	19 ani	hun &	THE REAL PROPERTY.	A	
1	James Bru	ZUZIMSKI	TU/ L	astern Ave Rd.	DATE	711 E					

VS. AISME 5M 2/57

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FOR STATE HEALTH DEPT

M

ary, please for. Page of Health, O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is nece execute the certificate, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral of 4 should be for deed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for PUNERAL DINECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Boord at its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

-	F
VS.	415ME
5M	2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00287 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	20	<u> </u>		Ke	eg, Dist. No.
PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	14	Where deceased lived. If institution: land b. COUNTY Ba	
b. CITY OR TOWN and give negres to Bengies	1001	c. LENGTH OF STAY IN 1b	-	f outside corporate limits, write RURA	L and give nearest town)
d. NAME OF HOSP	ITAL OR INSTITUTION (IF no	of in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDEN ON A FARA
Pa. R.	R. Bengies Cr	ossing	/ 3012 Beng	ies Rd.	YES NO
3. NAME OF DECEASED (Type or print)	First George	Middle Jones	Lost	4. DATE Month OF DEATH January	Day Year 23, 19 59
5. SEX		MARRIED NEVER MARRIED E		9. AGE (In years IF UI lost birthday) Mon	NDER TYEAR IF UNDER 24
100. USUAL OCCUPAT	ION (Give kind of work done	106. KIND OF BUSINESS OR INDUS	TRY II. BIRTHPLACE (Slote		P. CITIZEN OF WHAT COUN
Stud	ing life, even if retired)	School	Marylan	A	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
David	Jones		Lila Ror	er	
15. WAS DECEASED E	VER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
No	(11)0.5 give was as added at 12 viv	None	David Jones	Same	
Canditions, if gave rise to imm (a), stating the couse last.	underlying DUE TO	muley 5	skulk		
PART II. O	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART I(d) 19. WAS AUTOP PERFORMED YES NO
200. EXTERNAL OF PRIMARY DOT CO. CAUSE OF DEATH 20c. TIME OF INJURY DEATH 20c. TIME OF INJURY DEATH	ONTRIBUTING TA	of work of work	CE OF INJURY (Home, formory, street, office bldg., etc. R. R. S. S. M.	R truin (Leng n. 201. (Cily or town) Middle Rivi	(County) Lelty - Mr.
	thof I took chofge at h resulted from: Nat	f the remains described about tural causes 1, Accident (y , Inspection . In Hamicide , Undetermin	quiry and in
ACTUAL SIGNATURE	mar	avs'	M.D. CHIEF MEDICAL E.		DATE SIGNED
EXAMINER'S NAME (Type)	M. B. DA	vis mo	ASSISTANT MEDICAL	EXAMINER D	1/24/59
REMOVAL (Specif	1/25/59	22c. NAME OF CEMETERY OR Potts Funer		Franklin, N.C.	
James B	ruzoziński 140	ADDRESS 77 Eastern Ave Rd.		N 2 6 '59 246. REGISTRAR	S SIGNATURE L. Knows

Lord Carlo Carlo Carlo Carlo

	E	0	D	61	PA	TE		
	1	V	N.	31	100	DE	-	
Ł	20	A	FT	H	n	EP	T	
ŀ	15	~	lie B	0.1	10	PA.E.	8	4

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Poge	o d	1	
- E	H/	ns l	
0 0	4	101	

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral did should be for ided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for DEUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. 4 should be for

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VS. A15ME 5M 2/57

00288 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

-	PLACE OF DEATH	30	4			CE (Where deced	sed lived. If institu		fore admission)
	e. COUNTY	altimore		MARYLAND	o. STATE Man	rvland	b. COUNT	Baltimo	re
	b. CITY OR TOWN (It and give nearest town)	outside corporate limits, writi	RUPAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOW	/N (If outside con	porote limits, write	RURAL and give r	nearest lawn)
1	Bengies	(20)			24 Bengi	ies (20)			
	d. NAME OF HOSPITA	L OR INSTITUTION (If nat in hos	pital, give street address)	d. STREET ADDRE	ESS			e. IS RESIDENCE ON A FARM?
	Pa. R.R	. Bengies	Crossi	ing	3021 H	Bengies	Rd.		YES NO
	3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Month	Doy	Year
1	(Type or print)	John	Jones	3		DEATH	January	23,	19 59
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 2 8.	DATE OF BIRTH		9. AGE (In years feet birthday)		IF UNDER 24 HRS.
4	Male	White	WIDOWED	DIVORCED	Nov. 10, 1	1952	6 yrs.	Months Days	Hours Min.
	10a. USUAL OCCUPATIO		done 10b. K	CIND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN O	F WHAT COUNTRY?
	Studen		So	chool	Maryla	and		U.S.A	
	13. FATHER'S NAME				14. MOTHER'S MAID	DEN NAME			
	David	Jones			Lila F	Roper			
	15. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IN	FORMANT		Address		
	NO	(ii yes, give war or dates of		Vone	David Jone	es	Same		
F	18. CAUSE OF DEAT	H [Enter only one cou	se per line	far (a), (b), and (c).	7		1 .	INTE	RVAL BETWEEN
	PART I, DEAT	H WAS CAUSED BY:	11	1/Ltiphe.	2mpou	IND T	tracti	Res !	EF AND DEATH
1	810x	DUE TO	-						
	Conditions, if on		in	child ista	Sku	u	104	_	,
	gove rise to immed						1		
П	(a), stating the u	(c)							
1	PART II. OTH			ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	P. WAS AUTOPSY
	PART II. OTH								PERFORMED?
	20g. EXTERNAL CAU	SE WAS	DESCRIBE	HOW INJURY OCCURRED. (E.	nter nature of injury in	n Port I or Port I	of item 18.)	. 1	
- 1	CAUSE OF DEATH.	/	IXI	WAS STRUCK	04 116	i. ni	ui (xu	yer 1	mi)=
2	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d. I While	Not while 20e. PLAC	E OF INJURY (Home, ry, street, office bldg.	, form, i 20f. (Cit	y or town)	(County)	(Stote)
1	p. m.	(/X8/2) 10		ork of work	(CRon	11/14	the un	20- Da	to my
	21. I certify th	al'I taak charge	of the r	remains described abar	re, held an Aut	apsy ,	nspection .	Inquiry [and in my
	opinian death	resulted fram: 1	Natural o	causes [], Accident [Suicide], Hamicide	Undete	rmined manne	er 🔲
	1	man						1	DATE SIGNED
	ACTUAL SIGNATURE	0110	an		_M.D. CHIEF MEDIC	AL EXAMINER	1	1 . 1	DATE STORYED
	EXAMINER'S	man	A . /	= 11 2		EDICAL EXAMIN		/W/ /-	0
	NAME (Type)	11.10 1	DVI	5 1119		ICAL EXAMINER	/	1/10	/
	220. BURIAL, CREMATION REMOVAL (Specify))F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC/	TION (City, town,	or county)	(State)
	Removal	1/25/59		Potts Funera			nklin, N.	C.	
	23. FUNERAL DIRECTOR'S	1-1-11/11/11/11/12/4	La Fo	stern ve Rd		JAN 2 6 '5		TRAK'S SIGNATU	RE
-	James Brut	cazment 19	107 Ea	Storii vo ita	DAT	EMIT Z U J	Cova	D. HOUN	

		SAMORAN THE STREET	
		AND	
1 1			
		The second secon	
Tentiaum se paint he air	MONTH OF THE PARTY		
		A PARTY OF THE PROPERTY OF THE PARTY OF THE	

		30	05	CERTIFIC	ATE OF DEA	TH		Reg. Dist. N	lo.
1. [PLACE OF DEATH	Baltimo	re	MARYLAND	2. USUAL RESIDENCE a. STATE Ma	(Where deceased li	ived. If institution b. COUNTY	Balti	fore admission) mode
ı	b. CITY OR TOWN (If a RURAL and give near		, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN	(If Sutside carporat	te limits, write RU	RAL and give r	nearest tawn)
,	d. NAME OF HOSPITAL OR INSTITUTION	1804 Eas	1 A.	ie	1. STREET ADDRESS	East Av	renue		o. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print)	rs. Wilhe	elmina (Minnie)	Kahme	4. DATE OF DEATH	Janu	/ /	Pay Year 19 59
5. \$	temale	white	WIDOWED [EVER MARRIED (Apr. 11,	1885	73 yrs.	Manths Days	AR IF UNDER 24 HRS. Hours Min.
08	during most of working	life, even if refired)	ine 10b. KIND OF	BUSINESS OR IND	JSTRY 11. BIRTHPLACE (S Maryla	tate ar fareign cour and	ntry)	12. CITIZEN	OF WHAT COUNTRY
	John Die	eter			14. MOTHER'S MAID! Anna.	Snyder			
	WAS DECEASED EVER I	N U. S. ARMED FORCI yel, give wer or dates of serv		A	hs. Dolore	s T. Ro	hrs, 50	804 Ea	st Avenu
NO	Conditions, if ony, gave rise to imm cause (a), stating the lying cause lost.	nediate DUE TO	ITIONS CONTRIBU	TING TO DEATH BL	T NOT RELATED TO THE TI	ERMINAL DISEASE C	CONDITION GIVE	N IN PART I(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MI	CAUSE OF DEATH	Ob. DESCRIBE HO	W INJURY OCCURI	ED. (Enter nature af injur)	r in Part 1 ar Part II	of item 18.)		YES NO P
MEDICAL C	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year		while	LACE OF INJURY (Hame, actory, street, office bldg.,	farm, 20f. (City ar	r tawn)	{Count	y) (Stote)
	21. I certify that alive on'	I oftended the c	deceosed from 1259,	ond that deal	, 19.5 7 to h occurred of 6	ADDRESS (Sire	-	nd on the d	sow the deceose lote stated above DATE SIGNED
22o	PHYSICIAN'S NAME (Type) - BURIAL, CREMATION, REMOVAL (Specify)	+ ARR	22c. NA	ME OF CEMETERY	OR CREMATORY	22d. LOCATIO	City, town or	caunty)	(\$461 6)
23.	FUNERAL DIRECTOR'S	1/9/59 SIGNATURE	ADD	<u>allim</u>	240.1	REC'D BY REGISTRA	AR 24b. REGIST	RAR'S SIGNAT	TURE

may be retained by the haspital or attending physician.

TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and completely filled in by inneral director, page 3 should be detacked for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours, there death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 15M 9/5S

59 ifond Road

00290

306

CERTIFICATE OF DEATH

	00	1)			Keg. Disi.	140.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE		b. COUNTY () /	before admission)
b. CITY OR TOWN (RURAL ond give n	If outside carparate limits, we earest tawn)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate lin	nits, write RURAL and giv	0 0 0 0
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s	nton Avenue	d. STREET ADDRESS	reighton	Avenue	IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF DEATH	Month	Day Year
(Type or print) // 5. SEX	,	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF UNDER I	YEAR IF UNDER 24 HRS. Hours Min.
male 10a. USUAL OCCUPATION during most of wor	Julian	OWED DIVORCED DIVORDIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DI	1000	or fareign country)	62 yrs. 12. CITIZ	EN OF WHAT COUNTRY
Retire 13. FATHER'S NAME			Baltime 14. MOTHER'S MAIDEN	ore, Mar	yland	USA
Rudol	ph H. Karou	16. SOCIAL SECURITY NO. 117.	Elizabe	th Fais	Address	
(Yes, no. or unknown)	(If yes, give war or dates of service)	A	rs. Annabel	Karow	, ,	ighton Ave
	mmediate (DUE TO		iosterosis			INTERVAL BETWEEN ONSET AND DEATH 2
PART II. OT		ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 206. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II of	item 18.)	
20c. TIME OF INJUI Hour a. m. p. m.	. v	Od. INJURY OCCURRED 20e. /hile Not while 1 work at work	PLACE OF INJURY (Home, for factory, street, affice bldg., et		~n) (Co	unly) (State)
21. I certify the alive on	nat I attended the dec	teased from $4-15$ 19 59 , and that dea	th accurred at 4.45	AM, from the	causes and an the	st saw the deceased date stated above
ACTUAL SIGNATURE	Don	we	м.в. 7122 H	arford R	Road #14	1/28/59
PHYSICIAN'S NAME (Type)	Dr. Joseph	Skloven		ore 14.	Maryland	
220. BURIAL, CREMATIC REMOVAL Specify		22c. NAME OF CEMETERY Moreland	OR CREMATORY Mem Park	Balt	City, town, or county) imore. Man	(Slote)
23. FUNERAL DIRECTOR	1's SIGNATURE 520	ADDRESS 5 Hantond Room	240. REC	TO BY REGISTRAR	24b. REGISTRAR'S SIGN	

uneral director, old be filed with D HOSFITAL OR Attended to the spiral of attending physician.

may be retained by the hospital or attending physician.

Defending physician and completely filled in by pose 1 Should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO FUNERAL DIP page 3 should be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

E OF DEATH	CERTIFICAT	
	George	Company of the Company
	All made seen	
and the second second		
ASAT NO NAT		
	D-pe-3	man a solid see a
		word A. V. Sanda
	of the same	
		Martin Martin (1) and and a second control of the second control o
over part Marchaelle lange glass from the second se		
		noncept to

TO NO.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

307

CERTIFICATE OF DEATH

Dag	Dist.	Ma
ven.	PIST.	140

Baltimore		MAR	YLAND	2. USUAL RESID	ENCE (Who	re decease		/ _	_		sion)
(If outside corporate limit nearest town) Ruxton	ls, write					utside corpo	prote limits, write	RURAL on	nd give ne	arest tow	n)
				/		20110	A			ON	SIDENCE A FARM?
1010 haper	Te W	venue		191	O Dar	erre	Avenue			AE2 [NO []
				KARF		4. DATE OF DEATH	_		21	/	Yeor 19 59
						386				Hours	ER 24 HRS. Min.
									CITIZENI	DE MANA	COUNTRY
rking life, even if retired)	Jone Tob.	NONE	OK INDUS	West	Chest	er, F	Penna.	12.	USA	JE WHA	COUNTRY
				14. MOTHER'S	MAIDEN N	AME					
KK Edward B	onsa	1 Hoge		Fran	ices N	Vortor	1				
			D. 17. IN	FORMANT : SO	m		Add	dress			
[If yes, give war or dates of se	prvice	NONE		Harry E	. Kar	r, Jı	r7819 (Chels	sea S	t.,R	uxton
ony, which one		ti	iva	and lyn	n bar	-des				6+ N	200
HER SIGNIFICANT CON	DITIONS	LONTRIBUTING TO DE	AIH BUI	NOT RELATED TO	THE TERMIN	VAL DISEAS	SE CONDITION GI	VEN IN P	ART I(o)	PERFO	PRMED?
AS UNDERLYING D G D CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED). (Enter noture of	injury in P	ort I or Por	t II of item 18.)				
RY Month, Doy, Yeo	While	Not while	20e. PLA foc	CE OF INJURY (H tory, street, office	lome, farm, bldg., etc.)	20f. (Cit)	y or lown)		(County)		(Stote)
1/20 1. Frank &	12 5	ond that		accurred at.	1:10 A	M, from	m the causes treet, city or town	and on	I last s	ate stat	decease ed abave ATE SIGNE
	1.1.	1		4	7 29 1 1	60					
ON, 22b. DATE THEREO	F	22c. NAME OF CEA				22d. LOCA	TION (City, town,			(Sto	te)
The state of the s	If outside corporate limit recorest town) Ruxton ITAL (If not in hospital, g 1510 LaBel Fin BE 6. COLOR OR RACE White ON (Give kind of work orking life, even if refired) ER IN U. S. ARMED FOR III yes, give war or dates of is included a second of the color, which limited in the under- ITAL (If not in hospital, g BE ON (Give kind of work or king life, even if refired) ATH Edward B ER IN U. S. ARMED FOR III yes, give war or dates of is included a second of the color, which limited in the under- IMMEDIATE CAUSE DY. IMMEDICAL EXAMINER) RY Month, Doy, Year Included the color, which lattended the color in the under- ITAL (If not in hospital, g ITAL (ITAL (ITAL ITAL ITAL ITAL ITAL ITAL ITAL ITAL	If outside corporate limits, write nearest town) Ruxton ITAL (If not in hospital, give street 1510 LaBelle A First BEULAH 6. COLOR OR RACE 7. MARK White WIDOW ON (Give kind of work done 10b. rking life, even if refired) RK Edward Bonsa ER IN U. S. ARMED FORCES? 16. If yes, give wor or date of services 11 MMEDIATE CAUSE BY: IMMEDIATE CAUSE (a) DUE TO DUE TO ONLY, which 1 DUE TO ONLY, which 1 DUE TO ONLY, which 1 TO ONLY WHICH 10 DUE TO ONLY WHICH 10 DUE TO ONLY WHICH 11 DUE TO ONLY WHICH 12 DUE TO ONLY WHICH 19 ONLY WHILE 1	(If outside corporate limits, write representations) Ruxton I year ITAL (If not in hospital, give street oddress) 1510 LaBelle Avenue First Middle BEULAH HOG 6. COLOR OR RACE 7. MARRIED NEVER MARR White WIDOWED DIVORCE ON (Give kind of work done fixing life, even if refired) NONE MX Edward Bonsal Hoge ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NONE ATH [Enter only one couse per line for (o), (b), ond (c) and the was CAUSE BY: IMMEDIATE CAUSE (o) DUE TO ONY, which Immediate 1 the under- (c) CAUSE OF DEATH OF STAN 1 years (d) AS UNDERLYING 1 20b. DESCRIBE HOW INJURY (C) AS UNDERLYING 2 20d. INJURY OCCURRED While Not while of work of work 1 attended the deceased from 1.	(If outside corporate limits, write leorest town) Ruxton ITAL (If not in hospital, give street oddress) 1510 LaBelle Avenue First Middle BEULAH HOGE 6. COLOR OR RACE White WIDOWED ON (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRING life, even if relired) NONE RE Edward Bonsal Hoge ER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. IT. IN NONE ATH [Enter only one couse per line for (o), (b), and (c).] ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ONLY, which limmediate the under line for one of the under line under l	Baltimore Maryland Control Co	Baltimore Maryland Control Co	Baltimore (If outside corporate limits, write corest lown) Ruxton I year Ruxton IAL (If not in hospital, give street oddress) I510 LaBelle First BEULAH HOGE KARR BEULAH AUGUST COLOR OR RACE White ON (Give kind of work done) If office even if refired) NONE BE dward Bonsal Hoge FINU. S. ARMED FORCES? If yes, give word or dotae of service) If yes, give word or dotae of service) ATH (Enter only one coute per line for (o), (b), and (c).) ATH (Enter only one coute per line for (o), (b), and (c).) ATH (Enter only one coute per line for (o), (b), and (c).) ATH	Baltimore MARYLAND O. STATE d. (If outside scorporole limits, write percent lown) Ruxton TAL (If not in hospital, give street oddress) 1510 LaBelle Avenue First Middle BEULAH HOGE KARR OBATE MIDDWED ON IGNE kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) NONE West Chester, Penna. 14. MOTHER'S MAIDEN NAME Frances Norton RE NU S. ARMED FORCES? If you war or dotte of terricel NONE MY. Harry E. Karr, Jr7819 (Control of the state) AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION of the under lower of other of terricel AS UNDERLYING AS	Baltimore County Be Cou	Baltimore MARYLAND O. STATE d. If outside corporate limits, write c. LENGTH OF STAY IN 1b RUXTO	Colify Or Town (outside corporate limits, write RURAL and give necrest town cerested town) 1 year

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIFF OR: After this certificate has been signed by the attending physician, and completely filled in by page 3 should be retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sithe registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

00292

1.	PLACE OF DEATH o. COUNTY BE	203	MARYLAND	2. USUAL RESIDENCE (* o. STATE Md		lived. If institut b. COUNTY		
	and give nearest town	outside corporate limits, write RUS	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		te limits, write		
		AL OR INSTITUTION (If no 251 Willow	t in hospitat, give street address) Road	d. STREET ADDRESS	51 Will	ow Ros	ad	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	BERNARD A	MBROSE KAUFMAN,	SR.	4. DATE OF DEATH	Month Januar		Year 19 59
	male male	white w	MARRIED NEVER MARRIED B	July 25,188	84	74 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
	a. USUAT OCCUPATION during most of working retired. 3. FATHER'S NAME	- clerk	N.Y. Central RI	Baltime	ore, Mo		U.S.	A .
15	5. WAS DECEASED EV	George Kau ER IN U. S. ARMED FORCES (If yes, give war or dates at service)	5? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Omas Kaufma	4	Address		Zone 6
NO	Conditions, if a gave rise to immed (o), stating the couse lost.	underlying DUE TO	ONS CONTRIBUTING TO DEATH BUT N	JISEA		DNDITION GIVI	na na	P. WAS AUTOPSY PERFORMEDA
CERTIFICATION	200. EXTERNAL CAL PRIMARY Or CON CAUSE OF DEATH.	USE WAS NTRIBUTING [] 206. D	ESCHEE HONTHURY OCURRED. (E	nter solure of injury in Po	rt I ar Port II of i	tem 18.)		YES NO
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	Month, Day, Year	20d. INJURY DECURRED 20e. PLAC While Not while of work Office of work Office of work	CE OF INJURY (Home, formory, street, office bldg., etc	m, 20f. (Cily or	lown)	(County)	(State)
			the remains described about a causes D. Accident [AVIS MI)		Hamicide XAMINER CAL EXAMINER], Undeter	Inquiry Inquiry Inquired manner	,
22	BURIAL, CREMATIO	1/24/59	Baltimore C	2 1 1 1 2 2		City, town, of		(State)
	Charles 3331 Bre		Funeral Home		D BY REGISTRAR		TRAR'S SIGNATUR	RE

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is nece execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral distance to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a build-transit permit. File pages 1 and 2 with the State Boar are its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after quath. VS. AISME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

00293

1. PLACE OF DEATH o. COUNTY Balti			MARYLAND 2.	o. STATE Mar	Where deceased li	b. COUNT		dence be	fore odmi	ission)
	rporate limits, write RUI	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (II	f outside corporat	te limits, write	RURAL or	nd give n	eorest to	wn)
	ows Point	5		Bal	Ltimore	3	Vo	1-4		
d. NAME OF HOSPITAL OR I	NSTITUTION (If no	t in hospital, give street	oddress)	d. STREET ADDRESS						ESIDENCE
Bethlehem Stee	l Co, Die	spensery.			Patterson	n Park	Aven	ue		A FARM?
3. NAME OF DECEASED (Type or print)	Baltimore CITY OR TOWN (It outside corporate limits, write RURAL and give nearest foun) Sparrows Point NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) thlehem Steel Co. Dispensery. ME OF LEASED (Shelton-Keen Widdle Widows) A. COLOR OR RACE WIDOWED DIVORCED DI		(First)	4. DATE OF DEATH	Jamu		Doy 2		9 59	
5. SEX 6. CO	and the same of th		/	TE OF BIRTH	9. 4	AGE (in years	IFUNDE			ER 24 HRS.
The state of the s			- 2.6	y 13, 19	10	(48.)	Months	Days	Hours	Min.
during most of working life, e	ven if retired)			North C				TIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME			14.	MOTHER'S MAIDEN						
Jesse Kee	ener			Sarah l	King					
		0}	721 Mrs.		A Keer	ner^dd(W	ife)) S	ame	
Conditions, if any, whi gave rise to immediate cause last. PART II, OTHER SIGN	DUE TO (b) DUE TO (c) HIFICANT CONDITION	ONS CONTRIBUTING TO	DEATH BUT NOT F	RELATED TO THE TERM	INAL DISEASE CO	PNDITION GIV	EN IN PA			AUTOPSY IRMED? NO
3 20c. TIME OF INJURY		While Not while	factory, 1	F INJURY (Home, form treet, office bldg., etc.	n. 20f. (City or t	own)	(Co	ounty)		(Slote)
	/	7 //	Accident ,	Suicide ,	Homicide		Inqui	' -	DATE S	
EXAMINER'S NAME (Type)	Paul F.	Guerin, M.I	0.	DEPUTY MEDICAL				1,	/26/5	>9
270. BURIAL, CREMATION, 27b. REMOVAL (Specify) 23. EUNEBAL DIRECTOR'S SIGN	DATE THEREOF		HEVEN	Com	22d LOCATION SCOM	Blus 24b. REGIS	il	MIGNATUI	(Stote	•)
Tiffoword	Evous	Dales In	7.8h	PRISTOATEJA	N 2 7 '59	10	2.78	Hay	4	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral distantial be fellowed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DINECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar ar its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

1. BY STOMPTION OF THE BENEFIT WE ARE DESCRIBED TO THE WORLD STORY OF THE DICAL EXAMINERS CERTIFICAGE OF DEATH aumays their mostation, office 1 · mest (more to 1) . The State Seating two bares of the order

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		most set took 2	Actual Control of Cont
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 310

Reg. Dist. No.

1	Baltimore			MARYLAND	2. U	ISUAL RESIDE STATE aryland	NCE (Whe	ere deceased	lived. If institut b. COUNT	tion: Resider	nce before	e odmissi	on)
	b. CITY OR TOWN (IF RURAL and give nec	outside corporate limit scest town)	s, write c. LENGT	TH OF STAY IN TE		CITY OR TO	WN (If ou	enue)	Baltimo	RURAL and	give near	est town	
		AL (If not in hospital, g		tal	11	d. STREET ADD		enu e	3 v	01-4	6 e	IS RESI ON A YES	
3	3. NAME OF DECEASED (Type or print)	ISREA.	C .	Middle J.		LLY		4. DATE OF DEATH	Januar		Doy 25		9 59
	S. SEX	6. COLOR OR RACE	7. MARRIED NI			TE OF BIRTH			. AGE (In years lost birthdoy)	IF UNDER	Doys I	F UNDE	R 24 HRS.
	Male	Colored	WIDOWED	DIVORCED [gust 10			50 yrs				
ľ	0a. USUAL OCCUPATION during most of working	N (Give kind of work on ng life, even if retired)			DUSTRY			_			-		COUNTRY
-	Porter			Hotel				Georgi	a	U.	S.	A.	
1	3. FATHER'S NAME				1 ,	MOTHER'S M							
-	Fred Kelly					Rose W:	inkle	n					
1	S. WAS DECEASED EVER [Yes, no. or unknown) (I	IN U. S. ARMED FOR	rvice)		. INFOR					dress			
	Yes	W II	215-0	1-1033 C	lin.	Rec., Ve	et.Ad	m. Hosp	ital,Ft	. Howa	rd,	Mary	land
	PART I. DEAT / 4 3 X Conditions, if an gave rise to im	mediate ((b), and (c).]	FLO	OR OF 1	MOUTH	I			INTER ONSE	YAL BET	WEEN DEATH THS
	5	ER SIGNIFICANT COND	OTTOMS CONTRIBUT							VEN IN PAR		WAS A PERFOR	RMED?
		CAUSE OF DEATH	20b. DESCRIBE HOV	V INJURY OCCUR	RED. (En	ter nature of i	njury in Po	ort I or Part I	l of item 18.)				
10000	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea		while	PLACE O	F INJURY (Ho street, office b	me, form, ldg., etc.)	20f. (City o	r town)	(1	County)		(Stote)
	21. I certify the	at VAttended the	deceased from	June 7	,	19 58	to Jan	uary 2	5 1959	1000	Dia Corac	XXXXX	500000
	ACTUAL SIGNATURE		bdloopopox		M.D.		A	DORESS (Stre	the causes et, city or town, ND, MAR)	state)	he date	DA	d above TE SIGNED
	PHYSICIAN'S NAME (Type) CHI	EN WEI LAN	, M.D.										
2	20. BURIAL, CREMATION REMOVAL (Specify) Burial	1/28/1/	0 00	ME OF CEMETERY altimore					ON (City, town,		nd	(State)
2	3. FUNERAL DIRECTOR'S	SIGNATURE	7.80ADD	RESS N MO	nroe	S+ 2	4a. REC'D	BY REGISTRA	AR 24b. REG	ISTRAR'S SIG	GNATURE	-	100
A	rlington S.	Phillips	Balti	more 17.	Md.		ATE	9 150			4		
										AND DESCRIPTION OF THE PERSON NAMED IN			

ANT SERVICE THE TRANSPORT OF THE LESS	INAMED STATE DISALTY	AM
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ar see made manage		
The state of the state of the state of		
		of 1285 . Navye alice

H.W.Jenkins & Sons Co.4905 York Rd.

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

Hours

INTERVAL BETWEEN ONSET AND DEATH

YES X

PERFORMED?

NOF

(State)

and in my

DATE SIGNEO

Jan. 28, 1959

(State)

Md.

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VS. ATSME 5M 2/57

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	0110	CERTIFIC	AIE OF DEATH	1		Reg. Dist.	No.	
PLACE OF DEATH G. COUNTY	Baltimo		2. USUAL RESIDENCE (WHO o. STATE Maryla		lived. If institution b. COUNTY	100	before odn	7-3-10
b. CITY OR TOWN (II RURAL and give ne	f outside carporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		te limits, write R	URAL and giv	re riegrest to	own)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give stree Mercy Vill		d. STREET ADDRESS	Chesar	peake Av	enue	ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Margarett	Middle C.	lost Kleff	4. DATE OF DEATH	Mon Janua		Day 1	Year 1959
s. sex Female	7870 J. 1	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 30, 18	75 9.	AGE (In years last birthday) 83 yrs.	Months D	YEAR IF UN	IDER 24 H
10a. USUAL OCCUPATIO during most of work None	ON (Give kind of wark done 10th ting life, even if retired)	b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State Baltimore		ntry)	12. CITIZ	EN OF WH	AT COUNT
13. FATHER'S NAME	Peter Callah		14. MOTHER'S MAIDEN N					
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES?		informant Arnold J. Klei	ff, Jr.	407 W.		peake	Ave.
	mmediate (Clomplnost Usease Hypertense	in Cardio	r Van	eular		INTERVAL ONSET AN	
<u></u>	IER SIGNIFICANT CONDITIONS	/ /	T NOT RELATED TO THE TERMI			EN IN PART 1	PER	S AUTOPS FORMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour a. jr. p. m.	LJ CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Year 20d. While		ED. (Enter nature of injury in F LACE OF INJURY (Hame, farm actory, street, office bldg., etc.	, 20f. (City or		(Co	unty)	(Stat
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the deceand 12. 12. 12. 12. AURENCE	ork at work	m.D. 6801	ADDRESS (Street	the causes a et, city or town, constitution	nd an the	ng	ne decea
REMOVAL (Specify)	1/7/59	New Cathedra	al	Baltin	more, Mo	1.	/ .	arej
3. FUNERAL DIRECTOR'S	reales and Bons	805 M. Coast	Exerct St DATE J	D BY REGISTRA AN 7 '59		TRAR'S SIGN	Kraus	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 OR: After this cartificate has been signed by the attending physician and completely filled in by a stacked for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 stacked for use as the burial-transit permit. Then please remove carbon papers. TO FUNERAL DIF TO HOSPITAL OR

ineral director,

VS A15 (4) 15M 9/55

the registrar prior

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Section 225			
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		Depart Radio Section	
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		medical as	
. awa sakami ma ka 10			
			Mary Resource American Land Land Company

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DI STOR: After this certificate has been signed by the attending physician and completely filled in by funeral director.

	Keg. Dist. No.
1	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE M.T. BALTIMORE
1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ESSEX c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
00	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1. At home! d. STREET ADDRESS ON A FARM YES NO
3	
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years lost birthday) Months Days Hours Mir Months Days Hours Mir
	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country) POLAND Poland
1	J. FATHER'S NAME LENANDOWSKI 14. MOTHER'S MAIDEN NAME UNK,
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Tes. no. or unknown) (If yes, give wor or dates of service) FRANK GRUSZKONSKI
	18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to a immediate DUE TO DUE
0	lying couse last. (c) Henselfons Glan
CEDALICIO	200 ACCIDENT WAS LINDSBUYING TO 200 DESCRIBE HOW INTHIBY OCCURRED (False active of including Book Los Sept Hos includes
000	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while at work of work of work of work 19 Not wo
	21. I certify that I attended the deceased from The 1946, to 13, 19 1 that I last saw the dece alive on 1956, and that death occurred at 10 ft. M, from the causes and on the date stated obtained to the state of the signature of the state
1	PHYSICIAN'S NAME (Type)
	REMOVAL (Specify) 1-7-59 22c. NAME OF CEMETERY OR CREMATORY BALTIMORE M
2:	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lead W. Egistrar's SIGNATURE ADDRESS Lead W. Egistrar's SIGNATURE ADDRESS Lead W. JAN 6 '59 ADDRESS AD

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		D. Pauli Marian	A STATE OF	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 TH

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X	204	CERTIFICATE	OF	DEA
BLACE OF BEATH		11		

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltin	nore	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased lived.	. COUNTY	lence before odmiss Ltimore	ion)
b. CITY OR TOWN (If outside cor RURAL and give nearest town) Dundalk (22		8 years	11	(If outside corporate line 1k (22)	nits, write RURAL on	d give nearest town)
d. NAME OF HOSPITAL (If not in or instruction Dunk	hospitol, give street orin Cour		2904-C DO	s unb ri n Co	urt		IDENCE FARM? NO M
3. NAME OF DECEASED (Type or print)	First HOWARD	Middle HENRY	KRATZ	4. DATE OF DEATH	January		Yeor 19 59
s. sex 6. color whit	- I MILLION	IED NEVER MARRIED DIVORCED DIVORCED	Nov.25,18	894 64	E (In years IF UND Months	ER 1 YEAR IF UNDI	R 24 HRS. Min.
10o. USUAL OCCUPATION (Give kin during most of working life, eve Carpenter 13. FATHER'S NAME Charles	n if retired)	kind of Business or Indi Railroad	Baltin	more, Mary	land	USA	COUNTRY?
15. WAS DECEASED EVER IN U. S. A (Yes, no. or unknown) (If yes, give wo	or dates of service)	SOCIAL SECURITY NO. 17.	C.W.Krat		Address Ormand F	Rd. Bolt	0.22
PART II. DEATH Enter of IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFIC OR CONTRIBUTING CAUSE (C) (IF EITHER, NOTIFY MEDICAL EX	USED 8Y: CAUSE (e) DUE TO (b) DUE TO (c) CANT CONDITIONS C	COVODAY DIA DE OUTUBE CONTRIBUTING TO DEATH BU ERIBE HOW INJURY OCCURR				INTERVAL BE ONSEL AND LONG INTERVAL BE ONSEL AND LONG IN THE CONTROL OF THE CONTR	CAULTO AUTOPSY RMED?
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. It While of world	Not while of work	LACE OF INJURY (Home, to poctory, street, office bldg.,	elc.)		(County)	(State)
21. I certify that I after alive on	ded the decease 14, 19,1 14, H	-14			ty or town, stole) Venue	the date state	
220. BURIAL, CREMATION, 22b. DA BREMOVAL (Specify) 1/1	TE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, or county	r) (Stot	e)
23. FUNERAL DIRECTOR'S SIGNATUR Walter Forces	Brushly	Dundalk	22, Md. DATE	EC'D BY REGISTRAR	24b. REGISTRAR'S		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DI 1008: After this certificate has been signed by the attending physician and campletely filled in by juneral director, page 3 shauld of detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. TO FUNERAL DI page 3 should VS A15 (4) 1SM 9/S5

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

	3	14	CERTI		TIE OI DEA				Reg.	Dist. No	o	
o. COUNTY Balt	0.		MARY	LAND	2. USUAL RESIDENCE o. STATE	(When		d lived. If instit b. COUN	TY -	lence before		sion)
b. CITY OR TOWN (I RURAL ond give no Pikesvill		s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		tside corpo kesvi		RURAL on	d give ne	earest low	n)
	AL (If not in hospital, gi	ive street	address)		M. STREET ADDRESS	S	eld R		n	#7	ONA	FARM?
3. NAME OF DECEASED (Type or print)	Fin EMMA	9	Middle		Lost		4. DATE OF DEATH	м	anth			Year
5. SEX		7. MARR	M . HED □ NEVER MARRIE		B. DATE OF BIRTH			9. AGE (In year		18 FR LYFAI		1959 ER 24 HRS.
female	whi te	WIDOWI				378		last birthday	Months		Hours	Min.
0a. USUAL OCCUPATIO	ON (Give kind of wark ding life, even if retired)	one 10b.			STRY 11. BIRTHPLACE (SI		- 1			ITIZEN	OF WHAT	COUNTRY
3. FATHER'S NAME					14. MOTHER'S MAIDE	-						
Jacob Man	t.z.						(IIn	known)				
. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT		(01)		ddress			
Yes, no. or unknown)	If yes, give war or dates of se	rvice)		Mr	s. Wm. T. R	2001	d - F	ield Rd	Pi	ko esr	ille	MA
Conditions, if or gove rise to it couse (a), stoting lying cause lost.	nmediate DUE TO	(h) Gld &	ore	nang Ihn	WY	nbr	nj			79	n.
20g. ACCIDENT WA	Healed	-6	Fuberculo	ni	NOT RELATED TO THE TE	1		10 year	SIVEN IN P	oRT 1(0)	PERFC	AUTOPSY PRMED? NO [2]
(IF EITHER, NOTIFY 20c. TIME OF INJURY Haur a. m. p. m.	MEDICAL EXAMINER)	r 20d. In While of worl	Not while	20e. PL/ fac	ACE OF INJURY (Hame, for the clary, street, office bldg.,	farm, etc.)	20f. (City	or tawn)		(County))	(Stote)
21. I certify the	at I attended the	deceasi _, 19_5	-6	death	accurred at 8.5			F., 195 the causes	and an			decease ed abave
ACTUAL SIGNATURE	ul L. Ch	lan	hen		MD. 4108 ful	her	THE	reet, city or low	Brills	17	m/-	TE SIGNE
PHYSICIAN'S NAME (Type)	=ar/L, C	Chai	mbers-		4108 Libers	7-1	1/3	Balt	0-7	ml.	1-	19-5
Removal (Specify) Burial	1/20/59		22c. NAME OF CEME		Cem.	2	2d. LOCAT	to Md			(Stot	e)
N. T. J.	Signature Child	7 \$	ADDRESS Sur - Su	alt	Name of the last o		BY REGIST	RAR 24b. REC	GISTRAR'S	SIGNATU		

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CERTIFICATE OF DEATH

315	CERTIFICA	ALE OF DEATH	Reg. Dis	. No.
1. PLACE OF DEATH O. COUNTY Balto, Co.	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	sed lived. If institution: Residence	e before admission)
b IDT OR JOWN (If outside corporate limits, write c. RURAL of give neorest town)	LENGTH OF STAY IN 16	c. CHO OR TOWN (If outside cor	porate limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL Uf not in pospital, give street add OR INSTITUTION OF MANAGEMENT	R.d.	d. STREET ADDRESS	Ge Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Many H	ilda K	hines 4. DATE OF DEAT	H // an 9	Day Year 1955
Temple w WIDOWED	DIVORCED	B. DAJEOF BIRTH	last birthdoy) Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIt during lost of working life, even if retired)	omestic	TRY 11. BIRTHPLACE (State or foreign		EN OF WHAT COUNTRY?
13. FATHER'S NAME	nd	14. MOTHER'S MAIDEN NAME	Treen	
(Yes, no. or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO.	Wm. Kr	Address	
1B. CAUSE OF DEATH [Enter only one couse per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).]	combosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying</u> couse lost. DUE TO (c)	itin schi	osis greent	مد	Infrom.
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or P	ort II of item 18.)	
ZOc. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While p. m. 19 at work	_ Not while foo	ACE OF INJURY (Home, farm, 20f. (C tory, street, office bldg., etc.)	ity or tawn) (Co	ounty) (Stote)
21. I certify that I attended the deceased alive an 155	fram SepT15	accurred atM, fran	n the causes and an the (Street, city or town, state)	t saw the deceased date stated abave. DATE SIGNED
ACTUAL SIGNATURE CLYT CALLYT	J.	w.D. 4605 ED	MONDSON A	VE 1/10/5
	LIFF, SR	· BXLTO.	29 md '	
13 My 1/12/59	M. E. CH	usch lem.	Ploterstown	(Stote)
23. EUNIERAL DIRECTOR'S SIGNATURE A Sin	ADDRESS 28	24g, REC'D BY REG		NATURE

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may be retained he haspital ar attending physician.

5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Ton page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. may be retained
TO FUNERAL DIRECT

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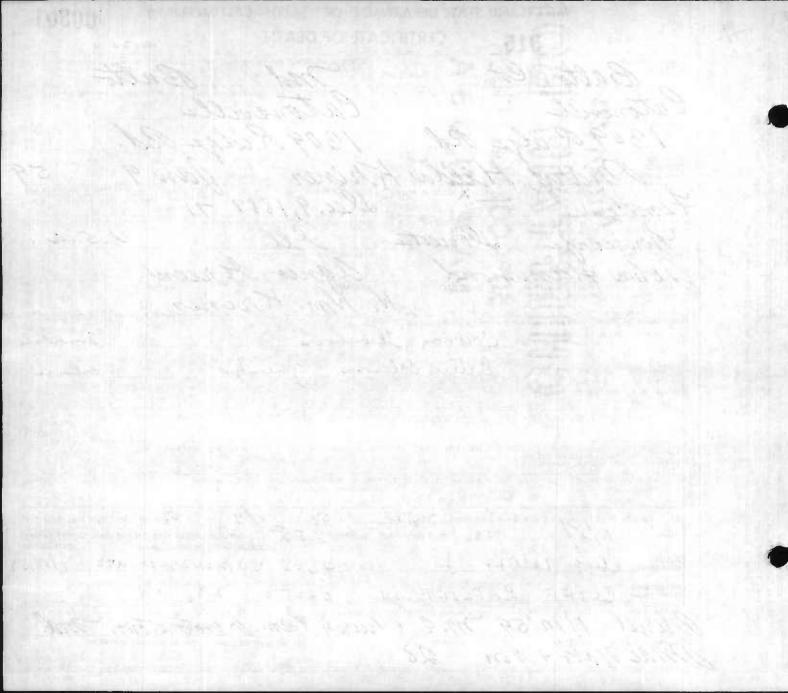
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eath. Page

JENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

VS A15 (4) 15M 9/5B



PFOR STATE HEALTH DEPT.

or, please pr. Page of Health,

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificite, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be for deat to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Boom or its designated agent, prior to burial, cremation, or removal, and in apprevent within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								neg. on		
I. PLACE OF DEATH	to.	. 6	MARYLAND	2. USUAL RESI	Md (Wh	ere deceased	l lived. If institu b. COUNT			odmission) City
	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR Bal	town (If o	re 15	rate limits, write		give near	
d. NAME OF HOSPITA			pital, give street address)	d. STREET A		ewood	Ave.		0.	IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Arnold	1	Middle Kr	Last	4	DATE OF DEATH	Manti	h	Day	Year
5. SEX Male			D NEVER MARRIED 8	one, Jr. DATE OF BIRTH		9	AGE tin years last birthday)			UNDER 24 HRS.
100. USUAL OCCUPATION Selesman V	N (Give kind of work of life, even if retired)	an He	ome Equip. C	RY 11. BIRTHPLA	CE (State o	r foreign cou			EN OF W	VHAT COUNTRY?
13. FATHER'S NAME	l Henry K			W. Lou	MAIDEN NA	ME	hmenn			
		RCES? 16. S	SOCIAL SECURITY NO. 17. NO. 2-20-8458 M	NFORMANT			Address	THE O		
Conditions, if ar gove rise to immed (a), stating the u cause tast.	DUE TO (b) liste couse Inderlying (c)		shot wound							nin.
CATIC	n	one	NTRIBUTING TO DEATH BUT N					EN IN PART	P	PERFORMED?
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20c. TIME OF INJUR Hour o. m. p. m.	1-12-598	While		CE OF INJURY (Hory, street, office I	ome, form, bldg., etc.)		r town) lawn-7	(Cour		(Stote) Md.
			emains described aba auses [], Accident [_				and in my
ACTUAL SIGNATURE	0.2. Cap	plis		_ m.b.	EDICAL EXA				D	ATE SIGNED
EXAMINER'S INAME (Type)	D. Cap	les,	M. D.			AMINER AMINER			1-	-15-59
270. BURIAL, CREMATION REMOVAL (Specify) Burial	1/19/19		22c. NAME OF CEMETERY OR Baltimore Na	tional C			imore		laryl	(Stote)
23 FUNERAL DIRECTOR Ellsworth	S SIGNATURE OF A A T M A C O B O C T V H T B	t Fun	eral Chapel		-	BY REGISTRA AN 19"	-0	Inthua &		

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011		Reg. Di	ist. No.
1. PLACE OF DEATH O. COUNTY AGALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE b. COUNTY DEPLIES	and the same
b. CITY OR TOWN (If outside corporate fimits, we RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet address) RAVE 21	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle (ERTRUI))	Last 4. DATE Manth OF DEATH JAN.	Day Year
Prance Land	WARRIED NEVER MARRIED DOWNED DIVORCED	B. DATE OF BIRTH JAN-17 - 1886 9. AGE (In years lef UNDER lost birthdoy) 72 7/3 yrs. When the lost birthdoy and yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country) NEW BRIGHTON PA.	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	\$	MARGARET THOMP	SON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. or unknown) (If yes, give wor or dotes of service)		NFORMANT Address ENRY G. TRUG 315 S. TA	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stating the <u>under-</u> fying couse lost. (c)	Grondual Cliabetes	mellitus	15 yrs
PART II. OTHER SIGNIFICANT CONDITION 491 X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFE EITHER, NOTIFY MEDICAL EXAMINER) 20b.	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)	
Hour o.m.	Od. INJURY OCCURRED thile Not while work of twork	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	County) (State)
21. I certify that I attended the decalive on		accurred at 1 P. M., fram the causes and an the Appress (Street, city or town, stote)	last saw the decease he date stated above DATE SIGNE
22a. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) BURIAL JAW. 5, 193	20c. NAME OF CEMETERY OF 28 LOUN PA	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 418 Eastern B	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG DATEJAN 5 '59 Outlay &	

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C. M. Carlotte			
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		3.	18	CERT	IFIC	ATE OF DEATH	1		Reg. Dis		, (, •	
	PLACE OF DEATH a. COUNTY Baltimor	'e		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere decease	d lived. If instituti b. COUNTY	on: Residen	ce befor	e admissi	ion)
	b. CITY OR TOWN (IF		ts, write	c. LENGTH OF STAT	(IN 16	c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL ond	give nea	rest town)
	Fort How			77 Days		601 S. Fre						
d. NAME OF HOSPITAL (If not in hospitol, give street				n Hospital		601 S. Fre	mont	Avenue				IDENCE FARM? NO 25
3.	NAME OF DECEASED (Type or print)	LOUIS	3	Middle		KRULEVITZ	4. DATE OF DEATH	Januar		12		Yeor 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🗌	B. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDE	R 74 HRS
	Male	White	WIDOWE	DIVORCE	ED 🗌	December 12,1	.894	loss birthday)	Months	Days	Hours	Min.
100	during most of working Proprietor	ng life, even if refired	_	kind of Business of	OR INDU	DSTRY 11. BIRTHPLACE (Stole Russia	or foreign c	ountry)		S.		COUNTR
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
	Michael Kr	rulevitz				Tillie Lub	bin					
	Yes W	yes, give wor or dates of se	2	SOCIAL SECURITY NO 12-32-4992	C:	INFORMANT Lin.Rec.,Vet.A	ldm. Ho	spital,F		ard,	Mary	land
	PART I. DEAT	mediate (COL	e for (a), (b), and (c) R PULMONAT PHYSEMA						3-	ET AND YE, KNOW	ARS
CERTIFICATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BU	T NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	[1(o) 15	PERFO	AUTOPSY RMED? NO
	20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURRI	ED. (Enter nature of injury in P	art I or Par	t II of item 18.)				
MEDICAL	20c, TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While	Not while at work	20e. Pl	LACE OF INJURY (Hame, form, sectory, street, office bldg., etc.	20f. (Cit)	y or town)	(C	(ounty)		(State)
	21. I certify the additional actual signature PHYSICIAN'S NAME (Type) IR	Free	m	Cocci, and that	deotl	7 . 1958 to Ja n accurred of 10:115 M.D. VAH, FORT	AM, from ADDRESS (S HOWAR	the couses of treet, city or town, D. MARYTU	nd on the stote) AND	ne dat	e stote DA 1/12	d obov TE SIGNI
220	BURIAL CREMATION REMOVAL (Specify) Burial	. 22b. DATE THEREO		22c. NAME OF CEM	ETERY C		22d. LOCA	TION (City, town, o	or county)		(Stote	

240. REC'D BY REGISTRAR

DATE AN 1 4 '59

24b. REGISTRAR'S SIGNATURE

ADDRESS

Jack Lewis, Inc., 2100 Entaw Place, Balto, Md

TENDING THIS CONTROLL.

The hospital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by in Junearal director, etached for use as the burial-transit permit. Then please remaye cation papers. Pages I and 2 should be filled with etached for use as the burial-transit and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours page 3 shauld be detached for use as the burial-transit permit. Then please remave the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours' the hospital or attending physician TO FUNERAL DIS page 3 shauld be TO HOSPITAL OR VS A15 (4) 15M 10/57

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23. FUNERAL DIRECTOR'S SIGNATURE

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11AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4	retained by the haspital ar attending physician.	RAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by 11, neral director,	shauld Encetached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with
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		319	CERTIFICA	ATE OF DEATH	Reg. Dist	t. No.
M)	L	COUNTY Baltimore CITY OR TOWN (If outside corporate limits, write c.	MARYLAND LENGTH OF STAY IN 16	Mary lar	b. COUNTY Ba	Immore
		RURAL and give nearest tawn)		Baldwin d. STREET ADDRESS	corporate limits, write RURAL and gi	e. IS RESIDENCE
00	3.	OR INSTITUTION FORK Pd.	Middle	Baldwi Lost 4. D.	in Mill Rd. ATE Month	ON A FARM? YES NO P
		EX 6. COLOR OR RACE 7. MARRIED	S A	Kyle D	9. AGE (In years IF UNDER)	27 19 59 YEAR IF UNDER 24 HRS.
	10a	Wale White WIDOWED [USUAL OCCUPATION (Give kind of work done 10b. KINI during most, of working life, even if retired)		STRY 11. BIRTHPLACE (Stote or fore	yrs. 6	Doys Hours Min. ZEN OF WHAT COUNTR
	13.	FATHER'S NAME C K	None.	Balto, O	5. Md.	11,5, A.
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC no. of unknown) (If yes, give wor or dates of service)	/	NFORMANT ar/ C, Ky/e	Roldwin Mil	IR.
		18. CAUSE OF DEATH (Enter only one couse per line for	r (o), (b), and (c).]	En.	eardwip i iii.	INTERVAL BETWEEN ONSET AND DEATH
1		MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate (b)	ento 1	Branchofo	leligin once	Adry
	7	lying cause last. DUE TO (c)				/
0	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT				1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ICAL CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	-	D. (Enter nature of injury in Part I a		
N.	MEDIC	Hour a.m. While	Not while of work	ACE OF INJURY (Home, form, 20f. ctary, street, affice bldg., etc.)	(City or town) (Co	ounty) (State)
		21. I certify that I attended the deceased to alive an 1959		accurred at 54 M,	fram the causes and an the	ast saw the decease e date stated above
		ACTUAL BEROLEFITY	hicken	M.D.	SS (Street, city or Jown, state)	DATE SIGNE
1	20.	PHYSICIAN'S OLIFFOR	DEH	LDSON	FOR	K MD
		BURIAL CREMATION, 22b. DATE THEREOF 22: REMOVAL (3pedfy) - 29-59 UNERAL ORECTOR'S SIGNATURE	C. NAME OF CEMETERY O	thodist	FORK, Balto.	Co, Md
B	a	sahn Funeral Home 7	401 Belain	Rd DATE FER 2	egistrar 24b. registrar's sign	NATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF BEATH

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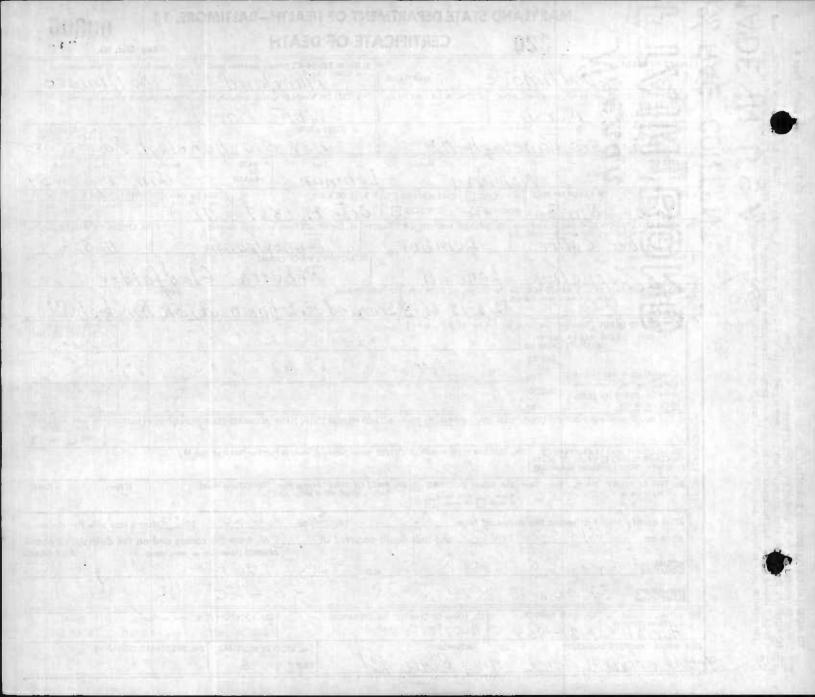
320	CERTIFICA	TIE OF DEATH		Reg. Dist. No.	
Do Itimore	@ MARYLAND	2. USUAL RESIDENCE (Where a STATE Mary)a	deceased lived. If institute b. COUNTY	D 1+.	odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Naite Marsh	c. LENGTH OF STAY IN 16	c. CITY OR TOWN OF outside	Marsh	RURAL and give neare	st town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION ROX 510 Ranela	address) 9h Rd.	d. STREET ADDRESS BOX 57	o Ranel	1 1 7	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	lam Middle	1 1	DATE Mo OF DEATH (Jan. 29,	Yeor 19 59
5. SEX 6. COLOR OR RACE 7. MAR WIDOW		Oct. 29 188	7 9. AGE (In years last birthday) 7 yrs	Months Doys	UNDER 24 HRS. fours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or for	vania	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME Cornelius L	Lehman	74. MOTHER'S MAIDEN NAME Rebec	ca Glas	felder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or yellnown) (If yes, give wor or date of service)	SOCIAL SECURITY NO. 17. 18.	onard E. Lehn	nan Pox. 51	o Ronelag	h.Rd.
18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (a), (b), and (c).]	eveinous	alosis	INTER	AL BETWEEN AND DEATH
Conditions, if ony, which gove rise to immediate	adeno	carinom	a dised	Golon	95
lying cause lost. (c)	CONTRIBUTING TO DEATH BUILT	NOT BELATED TO THE TERMINAL	V V V V V V V V V V V V V V V V V V V	NEW 1912 AV 1/10	Was AllToney
CAT					PERFORMED?
OR CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED		or Port II of item IB.)		
20c. TIME OF INJURY Month, Doy, Year 20d. I While Fr. m. 19 of wor	_ Not while _ fact	CE OF INJURY (Home, farm, 20 ory, street, office bldg., etc.)	of. (City or town)	(County)	(Stote)
21. I certify that I attended the decear	sed fram Nov	occurred at	, fram the causes	Lithat I last saw	
ACTUAL SIGNATURE 1.	Keik V.		RESS (Street, city or town, ARFORD		DATE SIGNE
	/ /			. 77	1
PHYSICIAN'S FRANKT.	KASKE TR	BA	-10 1	4 ALC	(
	KASK TK 22c. NAME OF CEMETERY OR Bupp's Cemet		LOCATION (City, town, ogans ville	or county) Pennsylv	(Stote)

may be retained by the haspital or attending physician.

O FUNERAL DIR

OR: After this certificate has been signed by the attending physician and campletely filled in by 1%, neral director, page 3 should be setached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 7.2 hows after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after TO FUNERAL DIR

VS A15 (4) 15M 10/57



15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00307

e. IS RESIDENCE

ON A FARM?

YES NO T

Year

19

Hours

Campfield Rd.

INTERVAL BETWEEN ONSET AND DEAJH

monith

PERFORMED? YES T NO

(Stote)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Day

Days

(County)

Curing S. France

Reg. Dist. No

Balto-

Months

it of the transfer for the property and THE RESIDENCE OF THE PARTY OF T

VS A1S (4) 1SM 10/57 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		32	3	CERTIFIC	CAT	E OF DEAT	H		Reg. D	Dist. No	i.	
1. PLACE OF a. COUNT	Υ	Baltimore		MARYLAN		USUAL RESIDENCE (Vo. STATE	Where decease	ed lived. If institut b. COUNTY				ssion)
b. CITY OF		outside corporate lin		c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (I	1	anata finita unita f		ltim		
RURAL o	ond give nea	rest town)			1	1		orote timits, write i	UKAL ONG	give ned	arest tow	'n)
	dgem	ere L (If not in hospital,	nive street	oddrau)	1X	Edgemer	е					
OR INST	TITUTION				- 1	d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?
		202 Gree	enhill	Ave.		3202 Gre	enhill	Ave.				NO X
3. NAME OF DECEASED	MIN.	F	irst	Middle		Last	4. DATE	Mor	th	Da	у	Yeor
(Type or pr		THO	MAS	HARVE	Y	LITZ	DEATH	Janu	arv	2	27	19 59
S. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MARRIED] B. D	ATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
Male		White	WIDOWE	DIVORCED	M	av 19, 18'	77	last birthday)	Months	Days	Hours	Min.
Oa. USUAL O	CCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	te or foreign o		12. C	ITIZEN C	E WHA	T COUNTRY
doring in	entist	ig the, even it retired	d)			Shawvill						COOM
3. FATHER'S					Ti.	4. MOTHER'S MAIDEN		ma.		US	A	
		TT.		T !A								
C MAC DEC		omas Ha				Alice	Wood					
(Yes, no. or unkno	own) (II	yes, give war or dates of	service)		7. INFO			Add				
140			4	14-38-3849	Ro	bert R. L	itz-32	02 Green	hill	Ave		
IB. CAUS	SE OF DEATH	Enter only one o	ause per lin	e for (o), (b), and (c).}						INTE	ERVAL BE	ETWEEN
	_	WAS CAUSED BY:	Do	erilar ar	ter	y three	mera	ais		ONS	ET AND	DEATH
33.	2 X	DUE TO				0			h		6	
Conditi	ions, if any		0	torolo	it	in Comple	~		di.		1	4.0.
gove r	ise to imi	mediate ()	4-10	70	Le Cerco	···va	seuces	CHE	ex	6	The
), stating the											
			(C)	ONITAINITING TO BEATLE								
3				ONTRIBUTING TO DEATH	BUI NOI	RELATED TO THE TER!	MINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) I	PERFC	AUTOPSY ORMED?
200. ACCI	DENT WAS	UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in	Part I or Par	rt II of item 18.)				
OR CONT	R, NOTIFY M	EDICAL EXAMINER)	2.7									
	OF INJURY	Month, Day, Ye	ar 20d. IN	JURY OCCURRED 20e.	PLACE	OF INJURY (Home, for	m. 20f (Cit)	v or town)		(C		154-1-1
	r a.m.	19	While	Not while	foctory,	street, office bldg., e	fc.)	y or lowing		(County)		(Stote)
£	p. m.		ot work				1					
21. I ce	ertify that	I attended the	decease	ed from 1000		, 1958, ta	yeen.	27,195	.Ahat I	last sa	w the	decease
alive or	n Xee	127		2.7, and that dec	ath acc	urred at 4	M. fran	m the causes a	nd on i	he do	e stati	ed abay
	0	0 .1	0			100	ADDRESS (S	treet, city or town,	state)	110 001		ATE SIGNE
SIGNATUS	RE V	ohn U.	Can	nevery	M D	914	DSX	Ralt	19		1.	-> >-
	//			4-1			-32		-4-4			
PHYSICIAI NAME (Ty	(pe)	John	U.	Colnius	4			*********				
20. BURIAL, C		22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town, o	r county)		(Stot	e)
Bur		1/31/19	59	Woodlawn	Cen	neterv	Wo	odlawn		Ma	rvla	
3. FUNERAL D	100000000000000000000000000000000000000	- 3 " well of the contraction	COC	ADDRESS		24a. REC	D BY REGIST		TRAR'S SI			
Ellswo	orth A	rmacost.	-4600	Liberty Hgl	nts.		13 0 '59	O.M.				

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	114	page 3 shauld we etached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 mm/d be		
M	9/	55		

202	CERTIFICA	ALE OF DEATH	Reg. Dis	t. No.
1. PLACE OF DEATH a. COUNTY SALTO	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY Anne A	e before admission) rundel
b. CITY OR TOWN (If outside corporate limits, w RURAT and give nearest town).	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporate limits, write RURAL and gi	
d. NAME OF HOSPITAL (If not in hospital, gives or INSTITUTION HOUSE IN THE	greet address) NES REST HOMS	d. STREET ADDRESS 7 E. WAL	LOW Ave	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Llov D 4. DAT		Doy Yeor 7 1959
	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH DET 25 1850		YEAR IF UNDER 24 HRS. Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done dering most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign	in country) 12, CITI	ZEN OF WHAT COUNTR
JAMES L. DOUK	766	14. MOTHER'S MAIDEN NAME HUGUSTU	5 WhITE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)		NFORMANT	Address	
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d)	cereline for (a), (b), and (c).]	markeye		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate DUE TO	k. Hype Tonsie	· Cartin Vaseulen	General	1077.7
lying cause last. (c)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Part II of item 18.)	
Hour o. m.	tod. INJURY OCCURRED 20e. PL While Not while for twork at work	ACE OF INJURY (Home, farm, 20f. (ctory, street, office bldg., etc.)	City or town) (Co	ounty) (Stote)
21. I certify that I attended the dealive on		occurred at 2.30 P.M., fi	rom the causes and an th	e date stated abov
ACTUAL SIGNATURE Melaner K. Jo	llager	M.D. 6209 Freder	ch Road	1-8-59
PHYSICIAN'S WILZMER K. B.	allager	Ballinore	-28, md.	*** ** ** ** ** ** ** ** ** ** ** ** **
220. BURIAL FREMATION, 22b. DATE THEREOF REMOVAL (Specify)	P FAIRVIEW	R CREMATORY 22d. LO	CATION (City, town, or county)	Mistore) .
22 FUNERAL DIRECTOR'S SIGNATURE	Hours 130 E.	FORT DATEJAN 1 2	GISTRAR 246. REGISTRAR'S SIG 159 arthur S. 1	1 -
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-	0	4 should be first ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.	0	Ö
2	execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral of their. Page		TO FUNERAL DIXXIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Bealth	or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.
			-	

VS. A15ME 5M 2/57

00310 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	DEATH	32	4		11	SUAL RESIDENCE (1	Where decease	ed lived. If institu b. COUNT		e before admission)
		Baltimore		MARYLA	ND		land	D. COUNT		timore
b. CITY OF	R TOWN (If out	side corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (f outside corp	orate limits, write	RURAL and gi	ive nearest tawn)
		herville			X	Taith	ervill			
d. NAME			nat in hos	pital, give street address)	d.	STREET ADDRESS	ICT ATTT	6		e. IS RESIDENCE
								Λ		ON A FARM?
						211 14	orris	AVO.		YES NO
3. NAME OF DECEASED (Type or p)	First		Middle		Last	4. DATE OF DEATH	Mont	h	Day Year
		Char		J.	Maei	nner, III		Januar		7 1959
5. SEX		. COLOR OR RACE	/- MARRIE	D NEVER MARRIED		OF BIRTH		9. AGE (In years fast birthday)	Months Do	
Mal	9	White	WIDOWED	DIVORCED	Jul	y 30,19	56	2 yrs.	3034	ys Hours Min.
10a. USUAL C	OCCUPATION	(Give kind of work de	one 10b. K	IND OF BUSINESS OR INE	OUSTRY 11.	BIRTHPLACE (Stote	ar foreign co	ountry)	12. CITIZE	N OF WHAT COUNTRY?
during mos	at of working l	ife, even if retired)				Ma				TT O
						Marylan				U.S.
13. FATHER'S				-	14. M	OTHER'S MAIDEN				
	Charle	es J. Mae	enner	o Jr.		Jean	P. Ca	ldwell		
15. WAS DEC	CEASED EVER	IN U. S. ARMED FOR	CES? 16.		7. INFORM			Address		
(Yes, no, or unki	nown) (If	yes, give wor or dates of se	ervice}		C.J	Maenner	.Tr	115	Abov	
		Enter only one caus			0.0.	ria Cillioi	01.		AUUVI	0
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gave ris (a), stat cause t	e to immedia ting the und ost. ART II. OTHER	derlying DUE TO (c) SIGNIFICANT COND		ONTRIBUTING TO DEATH B					VEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
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gove ris (a), state couse t P/ 20a. EXT PRIMARY PRIMARY AUSE C 21. 1 c opinio ACTUAL SIGNAT EXAMINAME (22a. BURIAL,	e to immedia ting the uncost. ART II, OTHER ERNAL CAUSE CONTIDE DEATH. E OF INJURY UP a. m. p. m. Tertify that n death re URE URE URE URE URE URE URE CREMATION,	Month, Day, Year It took charge sulted from:	20d. I White of wo of the relatural co	NJURY OCCURRED 20e. Not while of work control	PLACE OF I factory, stre	NJURY (Home, forset, office bldg., etc. Buicide , CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	n, 201. (City by , In Homicide XAMINER	or town) spection X, Undete	(County Inquiry ermined ma	PERFORMED? YES NO: (State) (State) DATE SIGNED
gove ris (a), stai couse t P) 200. EXT PRIMARY CAUSE C 21. 1 c opinio ACTUAL SIGNAT EXAMIN NAME (220. BURIAL, REMOV/	e to immedia ting the uncost. ART II, OTHER ERNAL CAUSE (Month, Day, Year I took charge sulted from: Note that the sulted from: Manual Took Charge Sulted from: Manual Took Charge	20d. I White of wo of the r latural c	NJURY OCCURRED Not while at work causes Accident	PLACE OF I factory, stre	NJURY (Home, forset, office bldg., etc. Buicide , CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	it Lar Part II of II of Part II of II of Part II of Part II of Part II of II of II of II of II of I	or town) spection , Undete	(County Inquiry ermined ma	PERFORMED? YES NO. (State) (State) DATE SIGNED (State)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 325

CERTIFICATE OF DEATH

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death. Page 4

D FUNERAL DIR TOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be retached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 state registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. haspital ar attending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

		040	CLKIII	IICA	IL OF	DEAT			Reg. Di	st. No		
1. PLACE OF DEATH	m Tanon		84 4 8 44		2. USUAL RES			d lived. If institut		nce befo	re admis	sian)
	LTIMORE		MARYI			MARYL						
RURAL and give r	(If autside carporate lim nearest tawn)	its, write	c. LENGTH OF STAY		c. CITY OF	TOWN (If	autside carpo	orate limits, write F	RURAL and	give ne	arest taw	n)
FORT HOW			8 Hrs,15 1	Min.	BALT	IMORE			VO	1-1	4	
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital,	give street	address)		d. STREET							SIDENCE A FARM?
VETERANS I	ADMINISTRAT	ION H	IOSPITAL		4701	NORTH	CHARL	ES STREE	T			NO [20
3. NAME OF DECEASED	Fi	rst	Middle		Lo	ost	4. DATE	Mor	nth	De	у	Year
(Type or print)	CAR	LO	N		MARBO	TTI	OF DEATH	JANU	ARY	30	j	1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	DXX B.	DATE OF BIR	TH		9. AGE (In years	IF UNDER	1 YEAR		ER 24 HRS.
MALE	WHITE	WIDOW			TAY 11.	1.889		last birthday) 69 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OF	-		/	ar foreign c		12. CI	TIZEN C	OF WHAT	T COUNTRY
during mast of war	rking life, even if retired)	COLLE			TTALY					S.A.	
JANTTOR 13. FATHER'S NAME			COURTE	O.T.	14. MOTHER		NAME			0.1	39 27 9	
				0-94								
UN KNOWN	ER IN U. S. ARMED FOR	CESS IV	SOCIAL SECURITY NO.	17 1615	ORMANT	NKNOW	1/4					
[Yes, no. or unknown)	(If yes, give wor or dates of	ervice)	, ,			777700	4 D34 110	Add		3.00	A TOTOTE A	ARTO
YES	WW-1	2]	7-01-2247	CTT	N REC	AEL	ADM HO	SP FT H	OWARD	IM	ARYL	תוח
	ATH [Enter only one co	ouse per li	ne far (a), (b), and (c).]								ERVAL BE	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c) M	YOCARDIAL I	HFAR	CTION					2	HOU	
420.0	DUE TO											
Conditions, if	ony, which)	AR	TERIOSCLERO	TIC I	HEART 1	DISEAS	E			U	NKNO	WN
gove rise to	immediate (,										
lying cause last.		-1										
Z PART II. OT	HER SIGNIFICANT CON	-	ONTRIBUTING TO DEA	TH BUT N	OT RELATED T	O THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
PART II. OT		3.403									PERFC	RMED?
20g. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	(Foter poture	of injury in	Part Lar Par	t II of item 18.1			ics fr	I NO
A LOR CONTRIBUTING	CAUSE OF DEATH				(cirici tiolore	or migory m						
		201 11	NJURY OCCURRED	20- DIAC	VALUE 30.7	(1)	1000 (5)					
20c. TIME OF INJU		While	Not while	facta	E OF INJURY ry, street, affi	ce bidg., etc	n, ₁ 20f. (City :.) :	or tawn)	(Caunty)		(State)
p. m.	19	at war	k at wark									
21. I certify the	hot Vattended the	deceas	ed fram TANTIA	A.H.	, 19 50	, to	:30 P	M. 19.59	thentxtx	test xc	own then	odecease
alive on xxx		A	execute, and that	death o	ccurred o	17.30	NUARY-					
	1 1 4	77	71			1-1-1-0-		treet, city ar town,				ATE SIGNE
SIGNATURE	train	10.	Cur	M.	HAV	FORT	HOWAE		ANTO		7_	31-59
SIGNATURE	V				UY.ELL.			ID. THOULT	MANUEL STATES			ンエニンス
PHYSICIAN'S NAME (Type)	HIRAM B CUR	RY		/	VAH	FORT	HOWAF	D MARYI	AND		1-	31-59
	ON, 226. DATE THEREC)F	22c. NAME OF CEME	TERY OR	PEMAZORY							
REMOVAL (Specify	2-3-59							TION (City, lawn,			(Stat	e)
BURIAL 23. FUNERAL DIRECTOR			BALTIMORE	NATI	DNAL	I			ARYLA	100		
							D BY REGIST		STRAR'S SIG	SNATUI	(E	
Hilliam Cool	k-Rlight In	0 600	10 Hanfond	DA De	7 40 7/6	DATE	B 3 '5	9 C	Thur 8	gran.	. A	

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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00312

	326	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY	altimore	MARYLAND	2. USUAL RESIDENCE (Whee o. STATE Marv	re deceased lived. If institution of b. COUN		e odmission)
b. CITY OR TOWN (If outsice RURAL and give segrest to		LENGTH OF STAY IN 16	c. CITY OR TOWN UT OU	tside corporate limits, write	RURAL ond give neor	rest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION 22	Neighbors	AVEI	d. STREET ADDRESS	Neighbor	s Ave.	ON A FARM?
3. NAME OF DECEASED (Type or print)	William	Middle A	1artin	4. DATE MOF DEATH	onth Day	
Male II	lhite WIDOWED [8. DATE OF BIRTH Dec, 2, 189	9. AGE (In year last birthdoy 62 yr	Months Days	Hours Min.
during most of working life	re kind of work done 10b. KIN e, even if retired)	Farming	USTRY 11. BIRTHPLACE (Stote of Ba)	to, Co, Ma	12. CITIZEN OF	S, A,
13. FATHER'S NAME	John Ma	rtin	Carolin	ie Lange	nfelder	
NO	ve war or dates of service) 2/5-	36-8195 A	nna E. Marti	n 12201	leighbors	Ave,
PART I. DEATH WA	nter only one cause per line for S.S. CAUSED 8Y: DIATE CAUSE (o)	or (0), (b), and (c).]	Lial Int	arction	INTE	RVAL BETWEEN ET AND DEATH
Conditions, if any, what gove rise to immedicouse (o), stoling the unit	ote (oronary	s heart	disease.		
lying cause lost.	(c)	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION C	GIVEN IN PART 1(0) 19	. WAS AUTOPSY PERFORMED?
PART II. OTHER SIG	USE OF DEATH	E HOW INJURY OCCURR	ED. (Enter noture of injury in Pa	art I or Part II of item 18.)		YES NO
U (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Mo Hour a.m. p. m.		Not while fo	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County)	(State
21. I certify that I calive an	wars 23, 1959		10, 1958, to	M, fram the causes		e stated abav
ACTUAL SIGNATURE SA~	ul Stir	~ pm.D.	.M.D	26 59	n, store;	DATE SIGN
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 221	DATE THEREOF 22	Stern C. NAME OF CEMETERY O	Ridge	Rd. Bal	Timore	6, Md
BUNIA!	1-28-1959	Zion Evan	LuTheran	2d. LOCATION (City, lown	ito, Co,	(Stote) Md.
23. FUNERAL DIRECTOR'S SIGN	Withme 7	401 Belair O	Rd DATE IA	N 2 8 '59	GISTRAR'S SIGNATURE	Α.

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327 CERTIFICATE OF DEATH

Reg. Dist. No.

00313

: 34				Keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution b. COUNTY	on: Residence before odmission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Timonium	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 5 Northwood	Dr.	/d. STREET ADDRESS 5 Northw	wood Dr.	e. IS RESIDENCE ON A FARM? YES NO 🛣
3. NAME OF DECEASED (Type or print) Lee Ranson	Mather, Sr.	Lost	4. DATE Mon OF DEATH 1-	th Day Year 22-59 19
5. SEX 6. COLOR OR RACE 7. MARRI male white widowe	IED NEVER MARRIED	B. DATE OF BIRTH 10-2-1892		Months Days Hours Min.
	KIND OF BUSINESS OR INDUS	Maryla	and	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
William Mather		Frances	McCauley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service) 21		ee R. Mathe	er, Jr.	above
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoting the under- lying cause lost. (c)	PERTENSIVE (CARDIOVAS CUL	OR DISFASE	
PART II. OTHER SIGNIFICANT CONDITIONS C	CRIBE HOW INJURY OCCURRED			EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour a. m. 19 While at work	Not while fac	CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.		(Caunty) (State)
21. I certify that I attended the decease alive on fin 21, 19.3 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) William A. Pills?	gand that death	M.D. York Road,		1/20
220. BURIAL, CREMATION, BUT 1 1-26-59	Poplar Grov	R CREMATORY	22d. LOCATION (City, town, o	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS k Rd. Towson	24a, REC'D	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

may be retained by the hospital ar attending physician.

O FUNERAL DIP

OR: After this certificate has been signed by the attending physicion and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registror priar to burial, crematian, ar remavol, and in any event within 72 hours often death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after TO FUNERAL DIP page 3 shauld be a TO HOSPITAL OR VS A15 (4) 15M 9/55

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voda	a R. Mather, Jr.	217-14-9017 Le		og
		CONTRACTOR AND ADDRESS OF THE PARTY.	Proceedings of Theory and the	

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CERTIFICATE OF DEATH

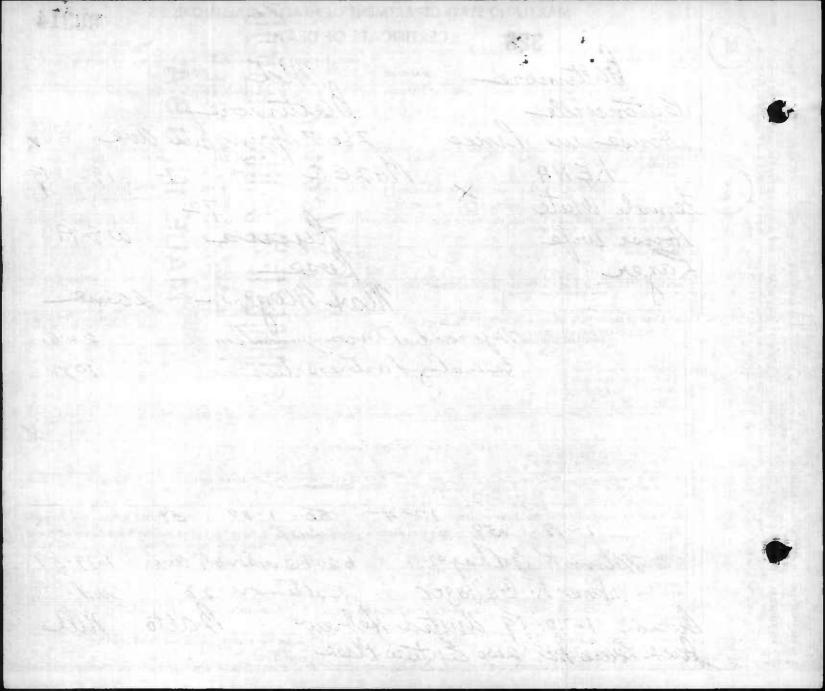
Rea Dist No

0.60	Reg. Dist. No.	
1. PLACE OF DEATH GALLINGTE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE b. COUNTY	e admission)
b. CITY-OR TOWN (If outside corporate limits, write 809AL and give gearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nea	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) ON INSTITUTION WILL WILL	2605 Springhell ave	ON A FARM? YES NO
NAME OF DECEASED (Type or print) LENA First Middle M	47ER 4. DATE Manth Day PREATH /- 19	Year - 19V 9
Estable White WIDOWED DIVORCED	lost birthday) Months Doys	Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane during most of warking life, everylf retired)	Russia WE	WHAT COUNTR
Lazer	14. MOSHER'S MAIDEN NAME	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or on nown) (If yes, give war or dates of service)	Wax Mazer - San	e_
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PAGE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Toesongensalism Internations	RVAL BETWEEN ET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stoting the under-lying couse lost. DUE TO (b) Leave a long of C DUE TO (c)	viteriouelinous ,	1071.
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
	RED. (Enter nature af injury in Part I ar Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of the other states.	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) foctory, street, office bldg., etc.)	(State
21. I certify that I attended the deceased from 10-21 alive an 1-19 and that deal	th accurred a state M, from the causes and an the date	
ACTUAL SIGNATURE HELMAN K. Jallager	M.D. 6209 Fredlands Que. 1-	DATE SIGNI
PHYSICIAN'S MILES K. Ballager	Baltimore- 25 m	1.
Premoval (Specify) 1-20-19 make of CEMEJERY	ORCREMATORY 22d. LOCATION (Gity, town, or county)	(Stote)
JUNERAL DIRECTOR'S SIGNATURE 2100 ENTOW	Place 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR DATIAN 21 '59 Continuo & Trans	E

may be retained the hospitol or attending physician.

O FUNERAL DIRE R: After this certificate has been signed by the ottending physicion and campletely filled in by the record director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the registror prior to burial, crematian, or removal, and in any event within 72 hours ofter death. eath. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained TO FUNERAL DIRE VS A1S (4) 1SM 9/SB

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e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO M

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(Stote)

DATE SIGNED

(Stote)

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(County)

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1959

Reg. Dist. No. l director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Verlea -0 m d. NAME OF HOSPITAL (If not in hospital, give street address). d. STREET ADDRESS OR INSTITUTION 3. NAME OF First Middle 4. DATE Lost Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthdoy) Months WIDOWED IX DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dales of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: 114 ROM BOSIS DROWA DUE TO è, RTERIOSELEROTIC CARDIOVASCULAR Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY burial 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Doy, Year factory, street, office bldg., etc.) Hour o. m. While Not while at work of work FE 13. 1959 that I last saw the deceased 21. I certify that I attended the deceased from... pa alive an___ ..., and that death occurred at 10,30 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL LHIR MOAD SIGNATURE DIR P PHYSICIAN'S BALTIMURE NAME (Type) FUNER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Cirthur S. Frank

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

00315

	o. COUNTY BALTO
Ī	b. CITY OR TOWN (If outside co

330

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY PARTY.	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY	n: Residence be	efore admission)
/	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RL	JRAL and give	nearest town)
	RURAL and give nearest town) ROGERS FORGE	18 YRS.	X ROGERS	FORGE		
3	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION		d. STREET ADDRESS	N	0	e. IS RESIDENCE ON A FARM?
	328 KEGESTER A	VE.	328 K	EGESTER HI	12.	YES NO-
	3. NAME OF DECEASED (Type or print) MAUDE	OCTAVIA M	CLELLAN	4. DATE Mont		Day Yeor 19 59
	5. SEX 6. COLOR OR RACE 7. MARR WIDOWE		AUG, 9, 1876	9. AGE (In years last birthday) 9. yrs.	Months Day	AR IF UNDER 24 HR9. rs Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SIONE OF ADEVILA		12. CITIZEN	OF WHAT COUNTRY?
	3. FATHER'S NAME	A 1	14. MOTHER'S MAIDEN N	The second second second		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		Mar;	y G. Burke		•
	(Yes, no. or unknown) (If yes, give war or dates of service)	SOCIAL SECORITY NO. 17.	J. SWEENEY	MD. TRUST		BALTO. 2
	18. CAUSE OF DEATH [Enter only one couse per lin PART I, DEATH WAS CAUSED BY:	ne far (a), (b), and (c).	(21)		0	NTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	rum onlar	(A)			
	Conditions, if ony, which)					
	gove rise to immediate couse (a), stating the under-lying couse lost.					
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED?
)	L					YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in Po	ort I or Port 11 of item 18.)		
	Hour o.m. While	NJURY OCCURRED 20e. PLA Nat while k of work	CE OF INJURY (Home, form, tory, street, affice bldg., etc.)	20f. (City or town)	(Count	ty) (State)
	21. I certify that I attended the decease		, 19 <u>_\$</u> , to	JAN. 272, 1959	,that I last	saw the deceased
	alive an JAN. 274 195	7, and that death	accurred at 3:25 p	2M, from the causes at	nd an the a	date stated above.
	SIGNATURE M. X - Qui	in a	. /	DDRESS (Street, city or town, s	late)	DATE SIGNED
1	PHYSICIAN'S		N.D	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	TAXXXXX 1	130. 1/20/
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d, LOCATION (City, town, or	r county)	(Stote)
	BURIA Specify) 1-30-59	NEW CATHE	DRAL	BALTO.	20011177	N10.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS V. O. V.	() 24a. REC'D	BY REGISTRAR 24b. REGIS	TRAR'S SIGNAT	TURE
	HIM INVINCE SAME	a AGRE YARL	VD DAYFORD	00100 / / /	1 0 4	

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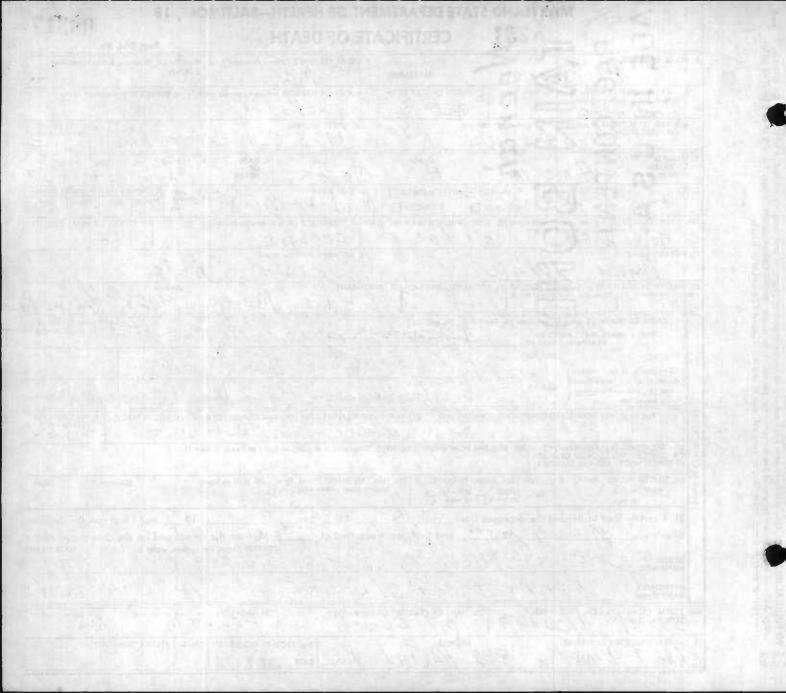
15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 331 CERTIFICATE OF DEATH

00317

Reg. Dist. No.

1. PLACE OF DEATH-2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negres) town) ARKVILL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES T NO C NAME OF Middle 4. DATE Day Yeor DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Doys WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, fgrm, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg. (etc.) Hour o. m. While Not while of work that I attended the deceased fram. that I last saw the deceased and that death occurred at_ M, fram the causes and on the date stated above. ADDRESS (Street, city or fown, Atot ACTUAL PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	771	225	L LAMIIILK	3	CERTITICAL	LOI	DLAIII	Reg.	Dist. No).	
1. PLACE OF DEATH o. COUNTY	Balte	006	MARYLAND	- 11	o. STATE Md	here decea	sed lived. If Institu b. COUNT	v _	dence be	fore admi	ission)
and give nearest tow	of rural	RURAL	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF		porote limits, write aral Over		nd give n	eorest to	wn)
d. NAME OF HOSPI	(00= -		spital, give street address)	-	d. STREET ADDRESS 6807 Bee	ch Av				ON	ESIDENCE A FARM?
3. NAME OF -DECEASED (Type or print)	Fi		Middle PAHT. MTC	umi	tost LFELDER	4. DATE OF DEATH	Month Jan		Day 7		fear 9 59
5. SEX male			ED TO NEVER MARRIED			00	9. AGE (In years lost birthday) 58 yrs.	IF UNDE Months	R 1YEAR Days		ER 24 HRS Min.
100. USUAL OCCUPATE during most of working Plumb	ing life, even if retired)	done 10b.	kind of Business or Indu	STRY	11. BIRTHPLACE (Stote New Yo		country)	12. CI	TIZEN O		COUNTRY
13. FATHER'S NAME	ul Michelf	'elder		14	MOTHER'S MAIDEN N		Danmara				
	VER IN U. S. ARMED FO	RCES? 16.			RMANT Ada Michelf		Baumgar Address (wife) s	ame			
973./ Conditions, if a gave rise to imme (o), stating the cause lost.	underlying DUE TO		CARBON_MONO								
CATIC			ONTRIBUTING TO DEATH BUT			36		EN IN PA			AUTOPSY ORMED?
	MIKIROTING []	Close	ed garage - c		recture of injury in Port		of item 18.) ween 2 &	4:3	O pn	1	
20c. TIME OF INJU		Whil	a Not while for	ctory,	OF INJURY (Home, form, street, office bldg., etc.)		ror town)		lto.	100	(Stole) Md.
	d fram: Natural		remains described ab], Accident [], Su	vicid	heid an Autopsy E 2, Hamicide .D. CHIEF MEDICAL EX. ASSISTANT MEDICAL DEPUTY MEDICAL E	AMINER O		-	ry ☑]. 1–7	DATE 5	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 296. DATE THERECO		22c. NAME OF CEMETERY O		MATORY	22d. LOCA	TION (City, town, o	imore		(State	e)
23. FUNERAL DIRECTOR	FUNETOLO	Home	ADDRESS 7401 (Bell	ne	RA DATEJA	BY REGIST	RAR 24b. REGIS		GNATUI		

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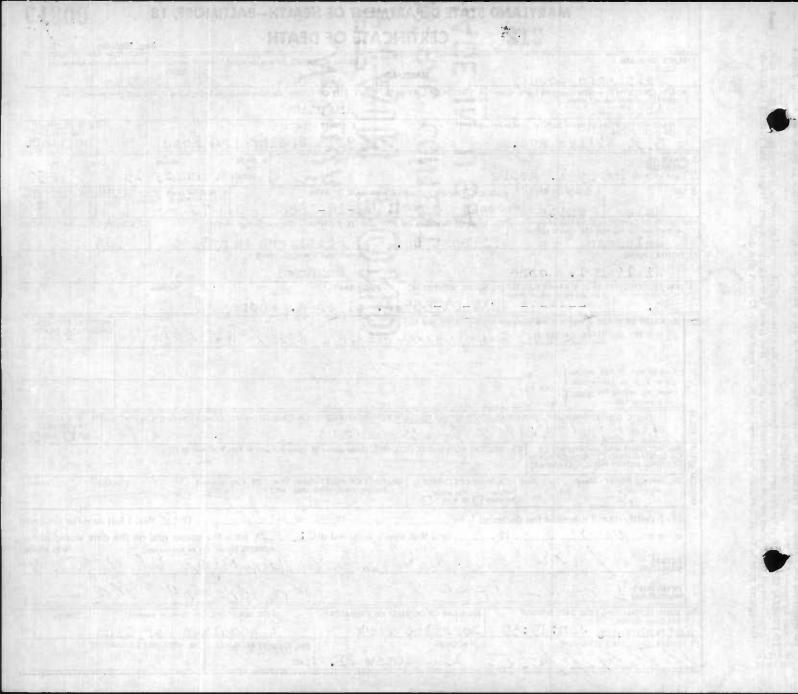
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 212

CERTIFICATE OF DEATH

Reg. Dist. No.

		3.
	D. PLACE OF DEATH o. COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Daltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AT DUTUS	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5530 W111ys Ave.	d. STREET ADDRESS 5118 Shelbourne Road e. 15 RESIDENCE ON A FARM? YES \(\square\) NO (A)
	3. NAME OF First Middle DECEASED (Type or print) Harry E. Moore	Lost 4. DATE OF DEATH January 15 Month Day Yeor 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	12-18-1888 To yrs. Months Days Hours Min.
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Filbert 60. 13. FATHER'S NAME	DUSTRY 11. BIRTHPLACE (State or foreign country) Baltimore Maryland USA 14. MOTHER'S MAIDEN NAME
	William T. Moore	Unknown
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes. no. or unknown] [If yes, give wor or date of service] 217-01-56624	7. INFORMANT Address
	arristed Healed Tuberc	BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOW NEED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
- 1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram. alive an JOM John 1997, and that dea ACTUAL SIGNATURE PHYSICIAN'S I FARL PASS, M. D. NAME (Type)	ath accurred at 52 M, from the causes and an the date stated above. ADDRESS (Syfreet, city or town, state) M.D. HOOL WILLIAM I - 17 - 19
	220. BURIAL, CREMATION, 22b. DATE THEREOF Pac. NAME OF CEMETERY Entombment Jan: 19:59 Lorraine F	27 - 27 24 2
4	3. EUNEPAL DIRECTOR'S SIGNATURE ADDRESS	240. REGISTRAR 245. REGISTRAR'S SIGNATURE LAW Pl. DATE



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estor, please octor. Page our files.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necess execute the certificate, writing the word "pending" in pencil in Item. IB. Give Pages 1, 2, and 3 to the funeral in 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Pruneral CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH

00320

1	NAME EXAMINER.	Reg. Dist. No.
1	PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTBaltimore
	b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give necrest foun) Dundalk 3 yr.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8028 Gray Haven Road	d. street address 8028 Gray Haven Road e. is residence on a farm? yes \(\) no \(\)
	NAME OF First Middle Petrick Murr (Type or print) William Patrick Murr	ray Sr. OF January 8, Doy Year 1959
	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 White Widowed Divorced D	November 1, 1912 out 46 yrs. IF UNDER 1YEAR IF UNDER 24 HRS.
1	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Mech. Mantnc. Beth. Steel C	
1	13. FATHER'S NAME Gearge W. Murray	14. MOTHER'S MAIDEN NAME Minnie Abernathy
1	Yes, mg. or unknown) [if yes, give, wor or doles of service)	ordered Murray 8028 Gray Haven Rd
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O KON ARY	OCCLUSION INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMENT NOTICE OF PART 11 of Item 18.)
-	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or fown) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described abordinion death resulted fram: Natural causes []. Accident [] ACTUAL SIGNATURE	The state of the s
	EXAMINER'S M. B. DAVIS M.D	ASSISTANT MEDICAL EXAMINER D
	226. BURIAL (Specify) Burial 226. Date thereof Jan. 12, 59 Parkwood Parkwood	raylor Ave. Md.
1	JOHN J. DUDA 7922 Wise Ave. 22. N	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Ad. DATE MAN 1 3 159 Civiling & Kroun

TO DEPUTY MEDICAL EXAMINER: This 4 should be (VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 333

CERTIFICATE OF DEATH

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neral director,

may be retained by the hospital ar attending physician.

TO FUNERAL DIF OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be cetached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

		U	717		LKIIIIC	7716	0		•			Reg. D	st. No.		
	PLACE OF DEATH	AT MILLS DO			MARYLAND	11 0	STATE		ere decease	b, C	OUNTY		nce befor	e admis	slon)
		ALTIMORE						ARYLA			ALTI				
	RURAL and give no	If outside corporate lime earest lawn) WSON	its, write		of STAY IN 16	C.		OWSON	utside corpo	orote limits,	, write RU	JRAL ond	give nea	rest tow	1)
-		TAL (If not in haspital, s	rive street		AID.	4	STREET A						1,	IS DE	IDENCE
	OR INSTITUTION	# 300 W. F			a Ave.	1	300		ennsy	vl van	ia At	78.		ON A	FARM?
	NAME OF DECEASED	Fi			Middle		los	-	4, DATE OF		Mont	h	Day	,	Year
	(Type or print)	NELI	IE		MAY	J.	TEILL		DEATH	Jai	nuary	7 22.	195	9	19
5.	SEX	6. COLOR OR RACE	7. MARE	IED NEV	ER MARRIED	8. DAT	E OF BIRTH	4		9. AGE (n years				ER 24 HRS.
	Female	White	WIDOWI	ED 🗆	DIVORCED [y 16		7	81	rthday) yrs.	Months	Doys	Hours	Min,
100	during most of work	ON (Give kind of work king life, even if retired	done 10b.			OUSTRY 1						12. CI			COUNTRY?
13.	HOUSEFWI	L F.E.		hom	Θ	14.		MAIDEN N	IAME	W Yo	rk		U	ISA	
	Edv	ward L. McF	etri	lge				Mel	lissa	Keil					
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		URITY NO. 17.	INFORM	ANT: I	lusbar			Addre	255		To	vson.
	NO	*****		NONE	M ₂	r. Da	miel	S. Ne	eill -	- 300	W. F	enns	vlva	nia	Av.
		mmediate (Are of the second	terio), and (c).]	rot	tee	C-	-Va	lesee	rel			ET AND	TWEEN DEATH
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	IDITIONS C		IG TO DEATH B							EN IN PAR	1 1(0) 15	PERFO	AUTOPSY DRMED?
CERT	OR CONTRIBUTING	CAUSE OF DEATH	200. 020	CRIDE TIOTT	WOOK! OCCOR	NED. (EIIIG	1 1101014 0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011101101						
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Ye	or 20d. II While of wor	NJURY OCCU	sile	PLACE OF factory, st	F INJURY II	Home, form bldg., etc.	, 20f. (Cit)	y or town)		(County)		(State)
	21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	Tos-A. L	121		7/8 nd that dea	th accu	200	5:401	ADDRESS (S	m the co	or lown, s	nd on t		e stat	deceased above. ATE SIGNED
220	BURIAL, CREMATIC		1959		of CEMETERY		AATORY			tsbur				(Sto	•)
23.	FUNERAL DIRECTOR		ann de de la constante de la c	ADDRE				240. REC'I	D BY REGIS			TRAR'S SI	GNATUR	E	
S	PEWART & M	OWEN COMPA	NY 10	8 W.N	orth Av.	,Bal	to.1	DATEAN				m7 S.			

MARYLAND STATE DEPARTMENT OF HEALTH-BARTIMORE, IS

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moy be retained by the haspital or attending physician. O FUNERAL DIR R: After this certificate has been signed by the attending physician and completely filled in by 19 page 3 should be Detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2/shouthe registrar prior to burial, crematian, ar remaval, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIR.

VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

334 **CERTIFICATE OF DEATH**

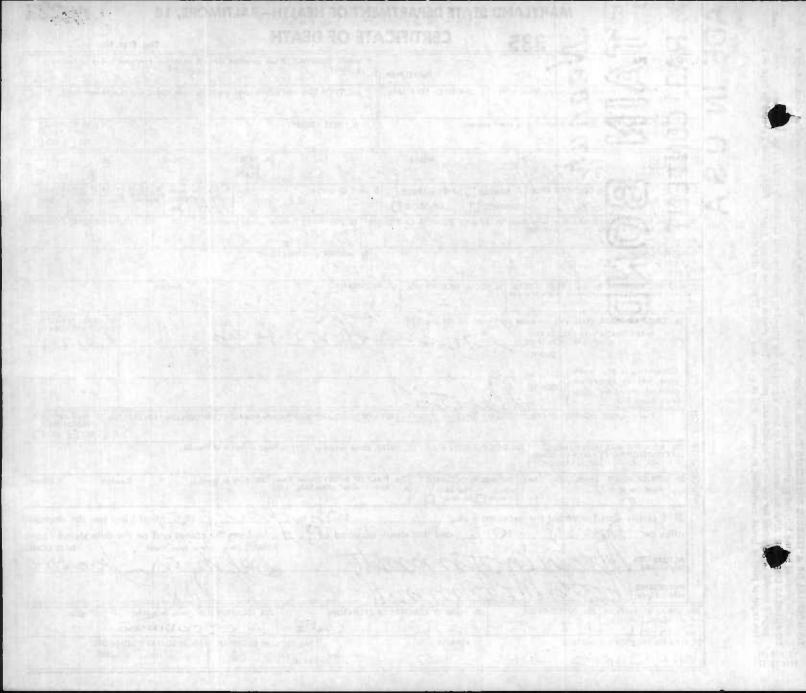
L		U	UI								Keg. Di	st. No.		
	o. COUNTY Balt	to.		MAR	YLAND	2. USUAL RESI	Md.	ere decease	d lived. If ins b. COU		n: Residen Bal		e odmiss	ion)
	b. CITY OR TOWN (If a RURAL and give near Brook]	outside corporate limit rest town) Landville	s, write	c. LENGTH OF STAY	Y IN 1b		TOWN (If or		rate limits, wr	rite RU	RAL and g	give nea	rest town	n)
	d. NAME OF HOSPITAT OR INSTITUTION Joppa		ve street o	oddress)		d. STREET	Joppa	Rd.		33		•		IDENCE FARM?
	3. NAME OF DECEASED (Type or print)	Firs EL	IZABE	Middle TH S		NORRIS	st	4. DATE OF DEATH		Month	an.	Doy		Year 19 59
	female	6. COLOR OR RACE white			_	B. DATE OF BIRT	7//	5	9. AGE (In yolast birthd	eors	Months	1 YEAR Days		
1	Oo. USUAL OCCUPATION during most of workin Housewife	(Give kind of work d g life, even if retired)		t home	OR INDU	STRY 11. BIRTHP		or foreign c	ountry)		12. CIT	IZEN O	F WHAT	COUNTRY
Ī	FATHER'S NAME	2-1-1				14. MOTHER'S	MAIDEN N	AME			1			
1	William P.	Thornton				Ma	ry Ful	ller						
	(Yes. no. or unknown) (If	IN U. S. ARMED FORC yes, give wor or dates of sei		SOCIAL SECURITY NO		NFORMANT Mr. Harr	y L. M	Vorris	- Ste	Addre		Md.		
	Conditions, if any gave rise to improve to improve to improve (a), stating the lying cause last.	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO which mediate e under- (c)	\ \ \	berein	m	- 7 bre		plee		uet	estra	ONS	Syl	DEATH
	PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	pertens	ur itions co	Car de	EATH BUT	NOT RELATED TO	THE TERMIN	lac e	CONDITION	1 GIVE	N IN PART	T 1(a) 15	PERFO	RMED?
		CAUSE OF DEATH		RIBE HOW INJURY (.)				
	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. IN While at work	Nat while at work	20e. PL	ACE OF INJURY (ctory, street, office	Home, form, e bldg., etc.)	20f. (City	or town)		(0	ounty)	H	(State)
	21. I certify that alive an/ ACTUAL SIGNATURE	Paret Cilton B. K	12 I	7., and that	9.3 t death	accurred at	1A		the cause reet, city or to	es an	id an th		e state	deceased ed abave ATE SIGNED
182	20. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF		22c. NAME OF CEN				22d. LOCAT	ION (City, 10		county)		(State	e)
2	3. FUNERAL DIRECTOR'S	Lickney	24	ADDRESS Sour -	Bal	to 17	240. REC'D	BY REGIST			RAR'S SIG	Kraud		

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	CATE OF DEATH		•
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Reg. Dist. No.

- 7	
/	1. PLACE OF DEATH O. COUNTY BALTIMORE Co. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND b. COUNTY BALTIMORE
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) BLANCHE ELIZABETH NORTON 4. DATE OF DEATH JANUARY 18 1959
	5. SEX FEMALE WHITE WIDOWED DIVORCED SEPT. 14, 1885 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. A.
)	GEORGE W. FRENCH UNKNOWN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no. or unknown) (If yes, give wor or doles of service) NONE JOHN T. NORTON SR. HYDE
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. (c) DUE TO (c) (d) DUE TO
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year Not while of work
	21. I cortify that I attended the deceased fram
1	PHYSICIAN'S HATTER M. HOMMENT MY
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, occupity) REMOVAL (Specify) 1 20 59 CHESTOUT GROUE ACKSONULLE MD.
	23. FUNERAL DIRECTOR'S SIGNATURE DOHN BURNS SONS TOWSON 4, HO DATEAN 20 '59 246. REGISTRAR'S SIGNATURE DATEAN 20 '59 ADDRESS A

O FUNERAL DIRG. R. After this certificate has been signed by the attending physician and campletely filled in by the feral director, page 3 shauld be extached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours ofter death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital ar attending physician. TO FUNERAL DIRE
page 3 shauld be VS A15 (4) 15M 10/57



death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours ofter

TO FUNERAL DIRE

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00324

CERTIFICATE OF DEATH 336

Rea.	DI-A	Al-
Keq.	DIST.	NO

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYL	- 11	2. USUAL RESIDEN o. STATE Ma	ce (Where de		I. If instituti b. COUNTY		e before adm	ission)
b. CITY OR TOWN (III RURAL and give ne Middle		ls, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOW 544 Middl				RURAL ond g	ive negrest to	wn)
	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDI		1 /4	20)		la IS P	ESIDENCE
OR INSTITUTION	4 Floral D		Balto. 20	Md	4 Flor		ve. B	altimo	re 20	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir Edwar		Middle		Losi O 'Farrell	4. D	ATE F	Mor Januar	nth	Doy 10	Yeor 19 59
5. SEX	22	-	RIED NEVER MARRIED		DATE OF BIRTH		9. AC	GE (In veors	d .	YEAR IF UN	
Male	White	WIDOW			3/12/1904		los 5	t birthday)		Days Hour	Min.
	ing life, even it retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE	(Stote or fore	ign country)	12. CITI	ZEN OF WHA	T COUNTRY?
Chauffeu	r	51	ectrical Se	rvic	e Maryla	nd			U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S MA	IDEN NAME					NA.
James 0	'Farrell				U	nkown					
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INI	FORMANT			Add	lress		
Yes	WWII		214-340-4641]	Lelia Smi	th O'F	arrel	1 8	Same		
PART I. DEAT 443 X Conditions, if or gove rise to in couse (o), stoting t	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which Immediate DUE TO	, a	rterior cl	ebri	al acci	dent	scul	an D	isling	INTERVAL ONSET AN	
200. ACCIDENT WA	S UNDERLYING [DITIONS (CRIBE HOW INJURY OC						VEN IN PART	PERF	S AUTOPSY ORMED?
20c. TIME OF INJURY Hour o. m. p. m.		20d, II While of wor	Not while	PLAC	CE OF INJURY (Homory, street, office blo	e, form, 20f	(City or to	wn)	(C	ounty)	(State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	RVING	deceas , 19	g., and that a	death o	1956, to accurred at 1	P M,			and on th	e date sta	e deceased ted abave. DATE SIGNED 20Mf
220. BURIAL, CREMATION REMOVAL (Specify)	1/13/59	F	22c. NAME OF CEMET Sacred Hea					City, town,		(51-	ote)
23 EUNERAL DIRECTORS	1 -1 -01	sty	ADDRESS stern Ave.	-200		REGID BY R		24b. REGI	STRAR'S SIG		

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TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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may be retained TO FUNERAL DIR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 339

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore			M	ARYLAND	2. USUAL RESI		ere deceased	d lived. If institut b. COUNTY	ion: Residenc	e before	odmissi	ion)
b. CITY OR TOWN (If out RURAL and give nearest	side corporate limi	ls, write	c. LENGTH OF ST	TAY IN 16			utside corpo	rate limits, write l	RURAL and g	ive near	est town	1 1
Fort Howa	rd		11 Days	5	Balti	imore		3.	VO1-	14		
d. NAME OF HOSPITAL (I OR INSTITUTION	f not in hospital, g	ive street	oddress)		d. STREET A	ADDRESS				e.	IS RESI	IDENCE FARM?
Veterans	Administ	ratio	n Hospita	al	516 1	Worth .	Brice	Street				NO 🔂
3. NAME OF DECEASED (Type or print)	JAMES	st	Mid	idle	PARKER Los	st	4. DATE OF DEATH	Janua		12		Yeor 59
5. SEX 6.	COLOR OR RACE	7. MARR	IED NEVER MA	RRIED 🔲	B. DATE OF BIRT	н		9. AGE (In years lost birthdoy)				
	Colored	WIDOWE		RCED 🔲	March 7			51 yrs.	Months	Doys	Hours	Min.
during most of working I Truck Drive:	Give kind of work of life, even if retired 1°	done 10b.	kind of Busines holesale			folk,				S. A		COUNTRY
13. FATHER'S NAME				2317	14. MOTHER'S	MAIDEN N	AME					
George Park	er				Annie	Nicho	lson					
15. WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17. I	NFORMANT			Add	Iress			
Yes	WW II	22	6-09-6316	6 C3	in.Rec.	Vet.A	dm. Ho	spital,F	t. Howa	rd, l	ld.	
18. CAUSE OF DEATH PART I. DEATH V IMM		UR	FMTA	(c).]						INTER	VAL BET	IWEEN DEATH IS
Conditions, if ony, gove rise to imme couse (a), stating the ying couse lost.	which (b)	AR	TERIOLAR	NEPHR	OSCLEROS	SIS				UN	IKNO	WN
PART II. OTHER S.	ive Cardi	Lovas	CONTRIBUTING TO CULAR Dis	sease.	2. Bron	nchopn	eumon	ia, bila	ven in Part teral		PERFOR	AUTOPSY RMED?
		EGD. OCG	INDE 110 VV WYJOKI	OCCORRE	D. (Effet holdre o	יי ווון טוץ זוו די	on ron	ii or iiem to.j				
20c. TIME OF INJURY M Hour o. m, p. m.	lonth, Doy, Yea	While	Not while of work	20e. PL fo	ACE OF INJURY (ctory, street, office	Home, form, e bldg., etc.)	20f. (City	or town)	(Co	ounty)		(State)
21. I certify that	aftended the	decease	d from Jani	ary]	1959	, to Ja	nuary	12 1959	266000	3000		20000
ACTUAL						9:35P	M, fram		and an th		state	
SIGNATURE	Mer V	111	+ul		M.D. VAH	FORT	HOWA	RD, MARY	LAND	the life life life gas sq	1/1	3/59
PHYSICIAN'S NAME (Type) CHI	en wei la	N, M	.D.		VAH	I. FOR	T_HOW	ARD, MAR	YLAND_			
Burial (Specify)	Jan. 17, 1		Mount A				22d. LOCAT	imore, M	or county)	d	(State)
23. FUNERAL DIRECTOR'S SIG			ADDRESS			-	BY REGIST		STRAR'S SIG			
Elroy O. Wils	on, 1000	Bra	ntley Ave	.Balt	o.,Md.	DATE	NECTO		Ilm 8	Kane	A	

· 京美· 国际的 形式 (流光 -) 对自由的 (10) 即 图 图 2 (2) 第 438-14-11 1 All of the control of

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

physician. TO FUNERAL DIR shauld page VS A15 (4) 15M 9/5B

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Wm.Reese Funeral Home, Washington Street Annapoli Md.

22b. DATE THEREOF

22d. LOCATION (City, town, or county) Adam's Chapel Cemetery Anne Arundel Co.

240 REG D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

ON A FARM?

YES NO

Year

PERFORMED?

YES NO

(State)

DATE SIGNED

(State)

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	4	206	CERTIFIC	AIE OF DEAL			Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY Balt	imore		MARYLAND	2. USUAL RESIDENCE (Va. STATE	Where decease	ь. соцыту	on: Residence		isian)
RURAL and give no		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I			URAL and giv	e nearest tow	n)
Dundalk			28 years		lalk 2	.2			
OR INSTITUTION	rtship R	473 - 41-	address)	d STREET ADDRESS /1809 Por	tship	Road		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	MAB)	•	Middle FLORENCE	E PETERS	4. DATE OF DEATH	Jan	uary :	Doy 23rd.	Year 19 59
s. sex female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH Aug.11.19	800	9. AGE (In years last birthday) 50 yrs.	IF UNDER 1	YEAR IF UND	DER 24 HRS.
loa. USUAL OCCUPATION during most of work Invali	ring life, even if refired	dane 10b.	KIND OF BUSINESS OR INDU			aryland	US.	EN OF WHA	TCOUNTR
3. FATHER'S NAME				14. MOTHER'S MAIDEN					
Ro	bert J.P.	eter	S	Dore	Kesse	Iring			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		INFORMANT		Addi	ress		
no	(If yes, give wor or dates of s	ervice)	none	Dora K. Pete	rs	same as	#2		
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c).}					INTERVAL B	ETWEEN DEATH
Canditions, if a gave rise to it cause (a), stoting lying cause last. PART II. OTT	mmediate the under-)	ONTRIBUTING TO DEATH BU				'EN IN PART I	(a) 19. WAS PERFO	ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIE HOW INJURY OCCURRI	D. (Enter nature of injury i	n Part I ar Par	t II of item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While	Nat while at work	ACE OF INJURY IHame, fa actary, street, affice bldg., e	rm, 20f. (City etc.)	y ar tawn)	(Cou	unty)	(State)
21. I certify the alive on	at I attended the	decease , 19	od from Journ 2	24, 1959 to accurred at 20	M, fra	m the causes and treet, city or town,	ind an the state)	date state	ed abov
PHYSICIAN'S NAME (Type) 120. BURIAL, CREMATIO	Leopole N, 226. DATE THEREC	lo F	Gruss M.	DR CREMATORY	22d. LOCA	TION (City, tawn, o		Q-Y	
Birtol	1/26/59	9	Meadowride	ge Memorial		sey, Mar			
3. FUNERAL DIRECTOR	SSIGNATURE	2	ADDRESS		C'D BY REGIS		TRAR'S SIGN	,	
11/1/1/1/201	arostop le	mes fl	(1) Jes Dunda	Lk 22 DATE	N 2 8 '59	3	w/ S. 94	MA	

funeral director, may be retained by the haspital or attending physician.

TO FUNERAL D. STOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, or removal, and in any event within 72-hours after death.

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

er death. Page 4

VS A15 (4) 15M 9/S5

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Reg. Dist. No.

J.					Kag, Disi.	. 140.
	o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who. STATE Mary 1			before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catons ville	c. LENGTH OF STAY IN 16 3yr 17dys	c. CITY OR TOWN (IF o		ts, write RURAL and giv	re riearest town)
	d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION SPRING GROVE STATE HOSP	address)	d. STREET ADDRESS Box 267 -	Route 15		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) (LILA) First	Middle Gray	Phelps	4. DATE OF DEATH	Month January 2	Pay Year 19 59
	female 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH October 29,	1878 % AGE	Stable State A	YEAR IF UNDER 24 HRS. Days Hours Min.
1	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	KIND OF BUSINESS OR INDUS		or foreign country) Ad MAIN	-	S. A.
1	3. FATHER'S NAME WILLIAM Gray WALLACE	E GRAY	14. MOTHER'S MAIDEN N	IAME YEND	ETTE GOO	DOWIN
	S. WAS DECEASED EVER IN.U. S. ARMED FORCES? (Yos, no, or unknown) (If yes, give wer or dates of service) NO		ecords: SPRI	NG GROVE	Address	SPITAL
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. DUE TO DUE TO (b) A DUE TO	rterioscle roti	s, generalize	d and seve	ere	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE P					1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		Not while foc	ACE OF INJURY (Home, farm tary, street, office bldg., etc.	, 20f. (City or town		unity) (Stote)
	21. I certify that I attended the decease alive on Jan. 26 , 155 ACTUAL SIGNATURE Stella Wachsler PHYSICIAN'S NAME (Type) Stella Wachsler	and that death	occurred at 2:35	em. 26 eM, from the c ADDRESS (Street, city ROVE STA le 28, Ma:	causes and an the or town, state) TE HOSPITA	DATE SIGNED
4	20. BURIAL CREMATION, 22b. DATE THEREOF	22c-NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (CI	y, town, or county)	d, (State)
1	Celly Surper Sunature	ADDRESS Sender,		N 2 9 '59	246. REGISTRAR'S SIGN	HATURE Krauk

may be retained by the haspital ar attending physician.

O FUNERAL DIS OR: After this certificate has been signed by the attending physician and campletely filled in by a uneral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 havrs after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offiger TO FUNERAL DIV

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

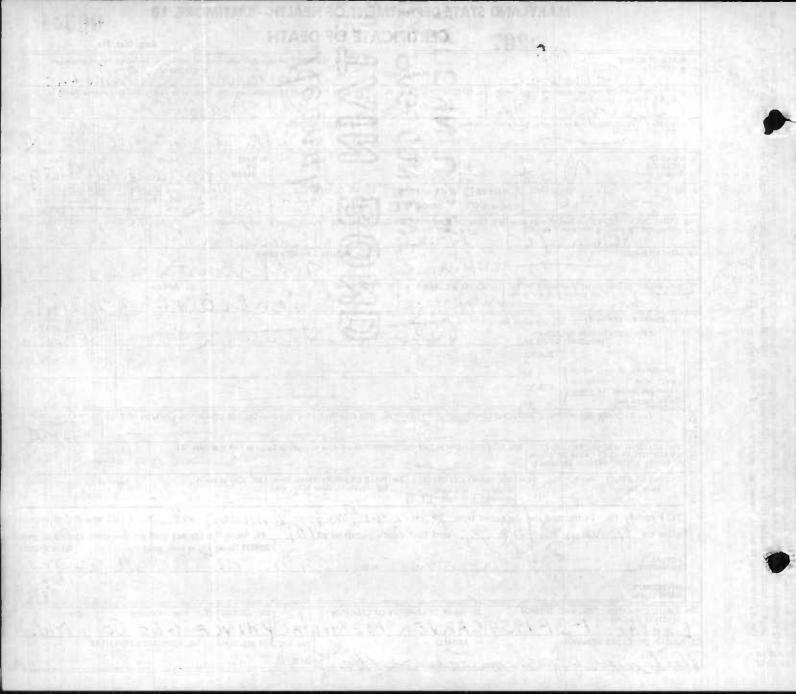
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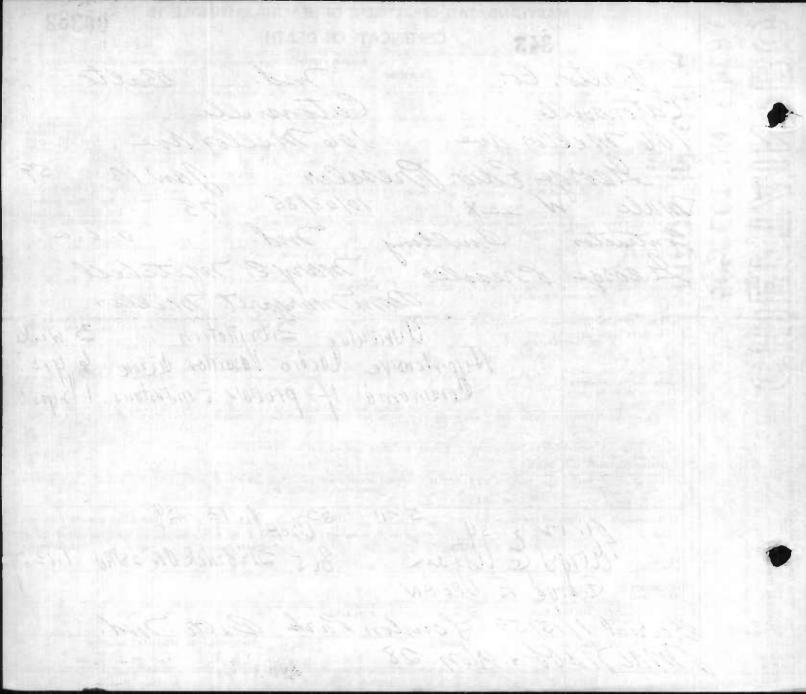
CERTIFICATE OF DEATH 342

	Reg.	Dist.	No.

										. V.
1. PLACE OF DEATH			MARYLA	2. USUAL R	ryland	nere deceased liv	red. If institut b. COUNTY		e before odr	missian)
b. CITY OR TOWN (If outside corporate lim	its, write	c. LENGTH OF STAY IN			outside corporate	limits, write I	RURAL and a	ive negrest to	own)
RURAL and give n	eorest town) Howard		13 Days		rt Howa			9		
d. NAME OF HOSPI	TAL (If not in hospital, s	give street			T ADDRESS				le. IS	RESIDENCE
OR INSTITUTION			on Hospital	11/	_	Avenue			10	N A FARM?
3. NAME OF	Fig.		Middle	11 40	lost	4. DATE				
(Type or print)	FRAN	K		PIECHO	Corr	OF	Januar		15	19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF B	IRTH	9.	AGE (In years lost birthday)			NDER 24 HRS.
Male	White	WIDOW		7,040	4, 1893	6	5 yrs.	Months	Days Hou	rs Min.
10a. USUAL OCCUPATION	ON (Give kind of wark king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY 11. BIRT	HPLACE (State	ar foreign count	(ייי)	12. CITI	ZEN OF WH	AT COUNTRY
Fisherman	and me, even it remed		Commercial f	ishing :	Baltimo	re, Mar	yland	U.	S. A.	
13. FATHER'S NAME					R'S MAIDEN N			-		
Robert Pi	echocki			Marv	Hannas					
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	210111100		Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	Unknown	Clin.Rec	Vot A	dm Hoen	1+07 F4	Hours	nd Ma	mrl and
Yes CAUSE OF DE	WW I	1		OTTH-HEC	., 100.2		Tualin	0 . 110W &.		
	TH WAS CAUSED BY:		ne for (a), (b), and (c).]	64 AND GO	NICEPORTO	a.r				BETWEEN ND DEATH
	IMMEDIATE CAUSE (PU	IMONARY EDER	IA AND CO	NGESTIU	III			2 WE	EKS
410×	DUE TO	RH	EUMATIC HEAF	RT DISEAS	E WITH	MITRAL	STENOS	IS	UNKNO	WN
Conditions, if a)								
cause (a), stating										
lying cause last.) (c)(
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART	1(a) 19. WA	AS AUTOPSY REORMED?
2										NO
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter natur	e of injury in f	Port I or Port II	of item 18.)			
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED 20	e. PLACE OF INJUR	Y (Home, form,	, 20f. (City or	town)	ICa	ounty)	(State)
Hour o.m.	19	While of wor	Not while	factory, street, of	ffice bldg., etc.	1				(*****
	₩A.		ed from January	7 2 . 195	9 to Ja	nuary 1	5 1959	XXXXXX	200000	0000000
			XXXXX and that de							
No. Commence of the Commence o	11	1	garage and mar di	som occorred		ADDRESS (Street			e dote st	DATE SIGNED
ACTUAL SIGNATURE	Min Wai	1	1/2/	T/ A		HOWARI	•			1/15/50
SIGNATURE		V.OS		M.D	II I CALL	. TROWNILL	1 maici	LINE		-1-21-27
PHYSICIAN'S NAME (Type) C	HIEN WEI L	AN, M	D.							
220. BURIAL, CREMATIC REMOVAL (Specify))F	22c. NAME OF CEMETE		1	22d. LOCATION				fote)
Burial	1/19/59		Baltimore 1	National		Baltim	ore, M	arylan	d	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240. REC'I	BY REGISTRAR	24b. REGI	STRAR'S SIGI	NATURE	
Ullrich Fur	eral Home	21	12 Dundalk A	ve.,	DATE	1 6 '59	0.7	hun & A	Court .	
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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 34MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00333

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY	Baltimor	e	MARYLAI		o. STATE		b. COU		dence bel	fore admi	ssion)
1	and give nearest town)	autside corporate limits, write		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I		porote limits, w	rite RURAL ar	nd give n	earest tav	vn)
		atonsvill				52Catons v	rille					
			If nat in ho	spital, give street oddress)		d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?
	136 Che	rrydell R	ld.			136 Cherr	rydel	1 Rd.			YES 🗌	NO D
	3. NAME OF DECEASED	Fin		Middle		Last	4. DATE OF	Me	onth	Day	Ye	Bar
	(Type or print)	John		Frederick		ressner	DEATH	v	Jan.	13		59
1	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED] B. D.	ATE OF BIRTH		9. AGE (In years lost birthday)				R 24 HRS.
	M	W	WIDOWE	D DIVORCED	J	uly 19.18	387		rs. Months	Days	Hours	Min.
1	100. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (State	ar fareign	country)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Electric			Ins. Co.			manv			II.	S.A	
ŀ	13. FATHER'S NAME	Tall Ite			1	. MOTHER'S MAIDEN	4/				10.25	•
1		Not Known					t Kno	าพท				
h	15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 1	7. INFO	PRMANT	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Addr	ess			
	No.	(If yes, give war or dales of — —	service)		Mrs	. John F.	Fre	saner	136 C1	nerr	vde	11 Rd
F	18. CAUSE OF DEAT	TH [Enter only one cou	se per line			, 1	0	1		INTER	T AND DEA	EN
		H WAS CAUSED BY:		Lon	101	auth	1 m	mis		ONSE	I AND DOA	·n
	420,1	DUE TO			الكياب	di	,		45		100	
	Canditions, if ar			Cultin	4	rolle Ti		Oac	die			
	gove rise ta immed	iate cause		Color	16	Merch	1			-		
	(a), stating the underlying of course lost.											
	Z PART II. OTH			ONTRIBUTING TO DEATH B	UT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(o) 1	9. WAS A	UTOPSY
)	ATIO		-23								PERFO	RMED?
1	PART II. OTH 20g. EXTERNAL CAU PRIMARY Gr CON CAUSE OF DEATH.	SE WAS _ 20	b. DESCRIB	E HOW INJURY OCCURRED	D. (Ente	r nature af Injury in Par	rt I ar Part I	af item 18.)				42
	PRIMARY Or CON	ITRIBUTING []										
	3 20c. TIME OF INJUR	Y Month, Day, Yea	r 20d.	INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	n, 20f. (Cit	y or town)	(Ce	ounty)		(State)
	20c. TIME OF INJUR Haur o. m. p. m.	19	While of we	e Not while	tactary,	street, affice bldg., etc	-)					
		at I took charge	of the	remains described of	bove	, held on Autops	у П. І	nspection [7. Inqui	iry 📝	and f	ind that
	deoth resulted	from: Natural	causes [Accident	Suicio	le [], Homicide	e 🗇 . U	ndetermined				
1		01	2	./. //						_		
	ACTUAL	Vol	M	Ceffer	-	A.D. CHIEF MEDICAL E	XAMINER [1		DATE S	IGNED
	JIGITATURE	di		1/3/1/1-	^	ASSISTANT MEDIC	AL EXAMIN	ER	(/	,	4 .0	- 10
	EXAMINER'S NAME (Type)	GEO.S	M.	KIEFF	1	RDEPUTY MEDICAL	EXAMINER	Ty.	18	7.	15	,07
1	22a. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETERY			22d. LOC/	Wood, a		6	(Stote)
	Burial 3. FUNERAL DIRECTOR:	1-16-50 S SIGNATURE	1	Lorraine	rar		D BY REGIS		GISTRAR'S S	GNATU	PF.	
							JAN 1		arihu			
E	Farley F	'uneral Ho	ome,	Catonsvill	e,	DATE DATE				- / /	- 24.00.PE	

RYS CHITTEGATE OF DEATH	SPANIANS SACRESSIA
	per change freezione extra naturalization incre-

moy be retoined TO FUNERAL DIR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

345 **CERTIFICATE OF DEATH** 00334

Reg. Dist. No.

1). PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
ISALTIMORE MARYLA	O. STATE MARYLAND 6. COUNTY BALTINGEE
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN PRURAL and give nearest town)	1 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
COUNCS MILLS 144RS	X KANNALISTOWN
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
LOSEWOOD TRAINING SCHEOL	LIBERTY KOAN YES NO 7
3. NAME OF First Middle	
(Type or print) TO 1-141 BUNT.	OF TOUR
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	19 16166 1937
MALE BILLITE WIDOWED DIVORCED I	lost birthday) Months Days House Man
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	
during most of working life, even if retired)	Manage and a leaf Con
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tour Rose Proces	1/2 / A D /
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	176LEN DORIS BIODY
[Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address
180	LOSE WOOD NECORDS
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FAILUTE OF VI	tal fuzz hous 12 status 1/11-
353.2 DUE TO	
Conditions, if any, which) (b) 12/14 Cus	
gove rise to immediate couse (o), stating the under-	
lying couse lost. (c) Ulet SCAYS 1.	4 brain intomble lesions
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
[A]	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	URRED. (Enter nature of injury in Part I or Part II of item 18.)
	De. PLACE OF INJURY IHome, form, 120f. (City or town) (County) (Stote)
Hour o. m. p. m. 19 While Not while of work of work	foctory, street, office bldg., etc.)
	10
	, 19, ta, 19, that I last saw the deceased
dive dil, iy, ond that de	eath occurred atM, fram the causes and an the date stated abave
ACTUAL Host End be 1/3/10/61	ADDRESS (Street, city or town, stole) DATE SIGNED ADDRESS (Street, city or town, stole)
SIGNATURE 1919. THE CONTROL OF THE SIGNATURE	W.D. THEEP STREET
PHYSICIAN'S RICH. Lizable 4 borg	B5/40 2, 15 d.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote)
Burial 1/21/1959 New Cathe	edral Cemetery Baltimore Maryland
23. FUNERAL DIRECTOR'S SIGNATURE 4600 Liberty Heights Ave ADDRESS	26. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Clusworth arman	DATEJAN 22 59 Cirily & Kraus

VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

Reg. Dist. No.

											•	
1.	o. COUNTY Balto	0.		MARY	LAND	2. USUAL RESIDENCE (WI	here decease	d lived. If instituti b. COUNTY	on: Resider		re admiss	sion)
	b. CITY OR TOWN (I RURAL and give no TOWSON	If autside corporate li earest town)	mits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF of 55 Towson	outside corpo	orate limits, write R			arest town	n)
	d. NAME OF HOSPIT OR INSTITUTION 703 Squi	res Rd.	give street	oddress)		d. STREET ADDRESS	ires R	d.	YEM			FARM?
3.	NAME OF DECEASED (Type or print)		ANNE	Middle M		PRITCHARD	4. DATE OF DEATH	Mon	th an.	Do	_	Year 19 59
	sex female			RIED NEVER MARRI		Dec. 11. 1869	9	9. AGE (In years lost birthday) 89 yrs.		Days		ER 24 HRS. Min.
13.	o. USUAL OCCUPATION during most of work Housewife FATHER'S NAME Edwin Hol	king life, even if refire	k dane 10b.	kind of Business o	R INDUS	TRY 11. BIRTHPLACE (Stole N. C. 14. MOTHER'S MAIDEN P	ar fareign co	ountry)	12. CI	TIZEN C	DF WHAT	COUNTRY
1\$. Ye	WAS DECEASED EVE			social security no		Mary Jar FORMANT r. Edwin Pri		Add	rovid rrain			I.
TIFICATION	Conditions, if a gave rise to i cause (a), stating lying cause last.	the <u>under-</u> DUE 1	(b) (c) (c) (c) (d)			etyly to the TERM NOT RELATED TO THE TERM (Enter nature of injury in			EN IN PAR	4.	PERFO	AUTOPSY PRMED?
MEDICAL CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER MEDICAL EXAMINER Month, Day, 1	ear 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	n, 20f. (City		((County)		(State)
	ACTUAL SIGNATURE		J 1	tills		A.D. 18 E. E	AM, from	n the couses correct, city or town, St.	nd on t	last so	te state	deceased ed obove ATE SIGNED
L	D. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR	1/8/59		Woodlaw Appress		CREMATORY	22d. LOCAT	Nood:	awn.			e)
	/					ma						

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	Sign St		nue al Brazil	
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AND THE RESERVE			The state of the s	
		STATE OF THE STATE		

HEALTH DEET.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in liem, 18. Give Pages 1, 2, and 3 to the funeral of your Page 4 shauld be it graded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained it four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Filespages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremation, at remaval, and informy event within 72 hours after death.

VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

U	()	3	3	S

. 21,3	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore MARYLAND	o. STATE Maruland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negreal town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
Towson	55 Towson
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
6901 York Road	1755 Joan Avenue YES NO NO
3. NAME OF First Middle	Lost 4. DAYE Month Doy Year
(Type or print) Dr. Frank Lewis Purdum	DEATH /d)12272 23 1959
5. SEX 6. COLOR OR RACE 7. MARRIED DENEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HKS International Months Days Hours Min.
male white WIDOWED DIVORCED	Mar. 1, 1910 42 yrs.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Druggist Self Employed	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank (. Purdum	Gertrude C. Berger
IVes, no. of unknown) I (If yes, mive war of dates of service)	INFORMANT Address
	rs. Jaye L. Purdum, 1755 Joan Avenue
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATHY
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(cc/05/07) Sudden
4-d0./ DUE TO	
Conditions, if ony, which gove rise to immediate cause (b)	
(o), stoting the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	YES NO D
206. EXTERNAL CAUSE WAS PRIMARY 🗍 Or CONTRIBUTING 🗍 CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
Hour o. m. Not while Not while of work of work	ctory, street, office bldg., etc.)
21. I certify that I took charge of the remains described ab	ove, held an Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural causes Accident	
16/10	
SIGNATURE / MILLES + Charmel	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) Charles F. O DO MONTH	ASSISTANT MEDICAL EXAMINER []
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote
Burial 1/27/59 Parkwood	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Hartord Road	#14 DATEAN 28 59 Coming 8 to

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Ren Dist No

14 7				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore Co	ounty MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institut b. COUNTY	lion: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Halethorpe	write c. LENGTH OF STAY IN 16			RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION 4610 Linde:		d. STREET ADDRESS 4 Bourque	Road	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Giro	Middle		4. DATE Mo	nith Doy Yeor uary 20 1959
37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH about 1870	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS, Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) Laborer	Gas & Electric			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NA		
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) (If yes, give wor or dates of servi	rce)	NFORMANT	Add	dress Dad, Baltimore 20
CATIC	TIONS CONTRIBUTING TO DEATH BUT Ob. DESCRIBE HOW INJURY OCCURRE			VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?, YES NO
20c. TIME OF INJURY Month, Doy, Year Hour o. m., p. m. 19 21. I certify that I attended the dalive an 19.20.59	While at work Not while of work of work at work and that death	occurred at 10 A.	LO. 59 , 19	(County) (Stote) ,that I last saw the deceased and an the date stated above , stote) DATE SIGNED
PHYSICIAN'S NATHAN	RACUSIN	Balt	23 Mg	
220. BURIAL, CREMATION, BURIAL Specify) 22b. DATE THEREOF 1-23-59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, Baltimore	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D	BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL D. STOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 shauld ac detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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ora County College	Special Section (Sp. 15)		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	da Inda

16. SOCIAL SECURITY NO. 17. INFORMANT

Malnutrition

Arteriosclerosis

20d. INJURY OCCURRED

ot work ot work

Not while

Hypostatic Pnaumonia

22c. NAME OF CEMETERY OR CREMATORY

a Recilmoun

ADDRESS

Virginia

Lillian Robinson

14. MOTHER'S MAIDEN NAME

husband

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

foctory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

and that death occurred at 7250 JM, from the causes and an the date stated above.

24a. REC'D BY REGISTRAR

DATELER

ADDRESS (Street, city or

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

anting & Traves

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

USA

7900 KNO1/ WOOD

INTERVAL BETWEEN ONSET AND DEATH

day

PERFORMED?

NO

(State)

DATE SIGNED

(Stote)

YES T

(County)

1952, that I last saw the deceased

Address

with filed uneral .5 offer physicio 72 attending please certificate CTOR þ 3 shou FUNERAL pode MOY he 0 VS A15 (4)

housewife

Conditions, if ony, which gove rise to immediate

cotse (o), stating the underlying couse lost.

20c. TIME OF INJURY

ACTUAL

PHYSICIAN'S

BURIAL, CREMATION,

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

Hour o. m

20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

Day, Year

21. I certify that I attended the deceased fram.

22b. DATE THEREOF

Harry

13. FATHER'S NAME

CATION

death.

hour

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TO HOSPITAL

15M 9/55

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	and the same of the last of th			earth for displace 1.11
	of Augusta (1)			
	ALCOHOLD TO	STATE OF THE STATE	r	
			A STATE	

0.73				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE	e deceased lived. If institution b, COUNT	tion: Residence before admission) Y
b. CITY OR TOWN (If outside corporate limits, write c. LENG	GTH OF STAY IN 16		side corporate limits, write	RURAL and give nearest town)
RURAL ond give nearest fown) Catonsville		Baltimore	3 V	01.4
d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS		e. IS RESIDENCE
Forest Haven Conv. I	Home	120 Hillva	ale Rd.	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Irma Alice	Middle	REAMS (4. DATE Mo OF DEATH Jan.	21 Poy Yeor 1958
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED KT B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
F W WIDOWED		ov. 27, 1889	lost birthdoy)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)	F BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
Stenographer retired		Richmone	d. Va.	3.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Joseph A. Remas		Cora Dicke	rson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) (If yes, give war or dates of service)	SECURITY NO. 17. IN	FORMANT	Ad	dress
gove rise to immediate couse (o), stating the under-lying couse lost.	LOSTO	ANEMI	ģ	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JTING TO DEATH BYT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
)W INJURY OCCURRED.	. (Enter nature of injury in Po	rt I or Port II of item 18.)	
	CCURRED 20e. PLAC of while fock	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from olive an	, , ,	occurred at # 35 P		that I last saw the deceased and on the date stated above pare signer
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	AME OF CEMETERY OR	CREMATORY 2	2d. LOCATION (City, town, Richmond, V	
	DDRESS			
				SISTRAR'S SIGNATURE
Wm. Cook, Inc. 1217 St. Paul	St.	DATE N 2	3 150	

TO FUNERAL D' 10R: After this certificate has been signed by the attending physician and campletely filled in by Juneral director, page 3 shauld and detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fitted with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. 14

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 1SM 9/55

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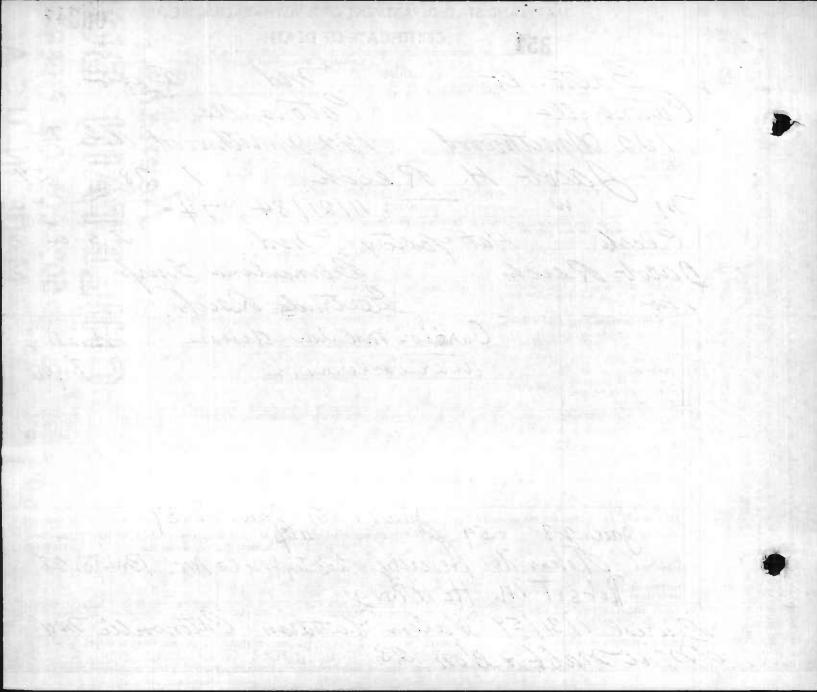
CERTIFICATE OF DEATH

Reg. Dist. No.

00341

331	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITYOR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION A D MALLINGTON	122 Monthwood aves NO
3. NAME OF DECEASED (Type or print) (Type or print) (Type or print)	Lich 4. DATE OF DEATH Day Year 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 7. 4 yrs. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDU during most of warking life, even if retired)	JSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY V. 5. a.,
Occob Reich	Bernardens Surp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Certrude Reich
1B. CAUSE OF DEATH [Enter only one couse per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ascular disease Interval BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the under-	eleroses 8 yes
lying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I ar Port II of item 1B.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. Jawanie alive on Jack 28, 1959, and that death	h accurred at ADRESS (Street, city or town, state) DATE SIGNE
PHYSICIAN'S PILT TO HEALS.	M.D. 203 Try First E AVE BALTO. 28
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION Tity, Jown, ar county) (Stote)
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 2 '59 Carthur S. Kraud

death. Page 4 funeral directar may be retained the hospital or attending physician. **D FUNERAL DIR JOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72-houg after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of moy be retaine VS A15 (4) 15M 9/5B



fter death: Page 4

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 yours VS A15 (4) 15M 9/55

006		Keg. Di	FI. 140.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE Maruland Baseline Baselin	timore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If obtside corporate limits, write RURAL and s	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION 3030 Woodside	Λ	1 d. STREET ADDRESS 3030 Woodside Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mr. Wolfen	Middle R	Lost 4. DATE Month	Day Year 29th 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED C	NEVER MARRIED		1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Gas	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
13. FATHER'S NAME Karl Reidmaier		Martha Schlauch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes. no. or unknown) If yes, give wor or dates of service 2/12=0	15-5088 M	informant Address rs. Rose S. Reidmaier. 3030	Woodside +
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED 8Y: 33/X DUE TO	(0), (b), and (a).] erehraf	hemorrhage.	INTERVAL BETWEEN ONSET AND PEATH
gave rise to immediate couse (a), stating the <u>under-lying couse last.</u>	Curona RIBUTING TO DEATH AU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	14 years
ICATIC			PERFORMED? YES NO
		ED. (Enter nature of injury in Port I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While at work 2	Not while fo	ACE OF INJURY Hame, farm, 20f. (City ar tawn) (Carry, street, office bldg., etc.)	County) (State)
21. I certify that I attended the deceased from alive an 9 an 28 1959. ACTUAL SIGNATURE Have A H	, and that death	5, 19, to 9 an 29, 1959, that I accurred at M, from the causes and an the ADDRESS (Street, city or town, stote) M.D. 8106 Harford Road	
PHYSICIAN'S Harold H. Burns		Baltimore, Maryland	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. REMOVAL (Spegify) 1/31/59	Loudon Pa	or CREMATORY 22d. LOCATION (City, town, or caunty) rk Cemetery Baltimore, Mar	ryland (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 H	artord Ro	ad#14 DATESER 2 159 24b. REGISTRAR'S SIG	SKIATURE

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		DESCRIPTION OF STREET				0:33.400	
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FOR STATE HEALTH DEPT. al de stor. Page d'en our files. Baard of Health, M Ba TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is n execute the contact, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be and a to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Ba ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00343

Reg. Dist. No.

1. PLACE OF DEATH Baltimore	MARYLAND 2	o. STATE Mary	here deceased lived. If institution b. COUNT		fore odmission)
and give negrest fown)	TH OF STAY IN 16	Baltimore	outside corporate limits, write	RURAL and give n	earest fown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give SPRING GROVE STATE HOSPITAL		d. STREET ADDRESS 3			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Macroier (Clara F	Middle Estell(Rei		4. DATE Monti		Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NE			9. AGE (In years		19 59 IF UNDER 24 HRS.
female white WIDOWED 5		Unknown	last birthday)	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8 during most of working life, even if retired) UNKNOWN	USINESS OR INDUSTRY	11. BIRTHPLACE (Store of Unknown)			S. A.
3. FATHER'S NAME	14	. MOTHER'S MAIDEN N		1 00	Je Re
Unknown	- 100	Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. INFO		Address		
(Yes, no, er unknown) Iff yes, give war ar dates of service) Unknown Unknown		ords: SPRIN		men moon	T/III A T
18. CAUSE OF DEATH [Enter only one couse per line for [at 76]		ords: Sturk	G GROVE STA		EVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 903. if ony, which gove rise to immediate cause (o), stating the underlying couse last. 7 PART II, OTHER SONIFICANT CONDITIONS CONTRIBUTION	Bertern Bertern	- Cars RELATED TO THE TERMIN	failure der tasc	ula	et and death
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW BY	JURY OCCURRED FENTE	r solure of injusy in Port	f or Port II of item 18.)	72755	PERFORMED? YES NO X
CAUSE OF DEATH.	rioor by an	other pathe	nt, sustaining	comminu	ted, inter
	CURRED TO PLACE	OF INJURY (Home, form,	1707. (City or town)	(County)	(Stote)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY Of Hour, 30n. 12-15 1958 of work of	work Hospi	street, office bldg., etc.) .tal	Catonsvil		ryland
21. I certify that I taak charge of the remains	described above	, held an Autopsy	, Inspection 4;	Inquiry [4	and in my
opinian death resulted fram: Natural causes	, Accident [4]	Suicide [], H	amicide, Undete	rmined manne	er 🔲
ACTUAL SIGNATURE SERVICES	fer "	A.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
EXAMINER'S George M. Kieffer, M.	0 1. D.	ASSISTANT MEDICAL E			1-26-59
REMOVAL (Specify)	e of CEMETERY OR CR		22d. LOCATION (City, town, o	or county)	(Stote)
	ress Bal	12 12		STRAR'S SIGNATUL	
V	/	Mix.			

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35% CERTIFICATE OF DEATH

00344

ON AREA ON	_	003	GERTII 107	TIE OF BEATT	Reg. Dist.	No.
BUBAL and give necessations. G. MAME OF HOSPIFIAL (If not in hospital, give street address). J. S. STREET ADDRESS ON A FARE ON A FARE Lost OF HIST ON A FARE Lost OF AGE (in year) ON A FARE ON A FARE	1.		MJ. MARYLAND			perfore admission)
d. STREET ADDRESS OR INSTITUTION ANAM OF OR FIRST MICHAEL STATE OF THE STATE OF T		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	9	c. CITY OR TOWN (If outside corp	porote limits, write RURAL and give	nearest town)
DECAKED (Type or print) S. SEX		d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	In love	IS RESIDENCE ON A FARM? YES NO
S. SEX S. COLOR DS. RACE MARRIED NEVER MARRIED S. DAFE OF BENTH S. COLOR DS. RACE MONTHS MONTHS	3.	DECEASED	Middle	OF		100
dying most of working life, even if refired) 13. FATHER'S NAME 13. WAS DECEASED EVER IN U. S. ARMED PORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (d). 19. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (d). 19. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (d). 10. Conditions, if any, which (b) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTO 19. COURSE OF DEATH (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTO 20. ACCIDENT WAS UNDERLYING 20. TAKE OF INJURY Month, Day, Year 19. Most while Not while	S.	in the same of the		8. DATE OF BIRTH Appel 11 1893		EAR IF UNDER 24 HRS.
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (d-) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (d-) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (d-) 19. PART II. DEATH WAS CAUSED BY. 19. Conditions, if any, which gove rise to immediate couse (o), stoing the under lying couse lost. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 19. CONTRIBUTE CAUSE OF DEATH (IEITER NOTIFY MOTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 19. CONTRIBUTE CAUSE OF DEATH OF WAS INDERSTYNED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 19. CONTRIBUTE CAUSE OF DEATH OF WAS INDERSTYNED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 19. CONTRIBUTE CAUSE OF DEATH OF WAS INDERSTYNED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 19. CONTRIBUTE CAUSE OF DEATH OF WAS INDERSTYNED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 19. CONTRIBUTE COURSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 19. CONTRIBUTE COURSE OF THE THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 20. ACCIDENT WAS UNDERSTYING COURSED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO- 19. CONTRIBUTE COURSE OF THE TERMINAL DISEASE CONDITION GIVEN TO THE TERMINAL DISEASE CONDITION GIVEN ON THE TERMINAL DISEASE CONDITION GIVEN TO THE TERMINAL DISEASE CONDITION GIVEN ON THE TERMINA	10	during most of working life, even if retired)	/	Teramo c	0-1-0	2 2 20
18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (d.)	13	Roberto Campell	e:	14 MOTHER'S MAIDEN NAME	2 Amares	the real
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO-PERFORMENT VES NC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s. no. or uplanown) [(Il yes, give war or date of service)	100 01 00 m	M. 9 D. 4	1. 0 To	yfor love
Conditions, if any, which gove rise to immediate couse (o), stoling the under-tying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPERFORMED TO ACCIDENT WAS UNDERTYING CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERTYING WORLD (AUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of owner of the course of the co		PART I. DEATH WAS CAUSED BY:		- HEMORRH		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMED OR. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 18. 1		Conditions, if any, which gove rise to immediate (b)	YPERTEN	ISIVE HEAR	T DISEASE	4 YR5.
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of otwark of work of wor	NO	lying cause lost. (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(i	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED While Not while of work of today, street, office bldg., etc.) 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 22. I certify that I attended the deceased fram. 23. TUAL SIGNATURE 240. REGISTRAR 20d. INJURY OCCURED While Not while of work of foctory, street, office bldg., etc.) 20f. (City or tawn) (County) (Sounty) (So						PERFORMED? YES NO 2
21. I certify that I attended the deceased fram. F=B 10, 19 53, ta JAN 5, 1959, that I last saw the decale alive an JAN 7, 1959, and that death accurred at 9-1574 M, fram the causes and an the date stated at ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE AND MICELI M.D. 108 5. TAYLOR AND 10			RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or Pa	rt II of item 18.)	
active an	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while for	tory, street, office bldg., etc.)		
PHYSICIAN'S NAME (Type) JOSE PH MICELI M.D. BALTIMORE 21, MD 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) PRINCIPLE 22d. REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE		alive an JAN:7, 195		accurred at 9-1574 M, fra	m the causes and an the	
220. BURIAL, CREMATION, PREMOVAL (Specify) 220. DATE THEREOF PREMOVAL (Specify) 221. NAME OF CEMETERY OR CREMATORY PREMOVAL (Specify) 222. NAME OF CEMETERY OR CREMATORY PREMOVAL (Specify) 223. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		PHYSICIAN'S JOSE DIT	MICELI		TIMABÉ 21	1/8/5
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	22	o. BURIAL, CREMATION, 22b. DATE THEREOF		67E		
	1	Aurial Jan 12/1459	Oak free (Eng. Palt	E. Co. Easte	ry live-
	23	Frank Della Nece	322 SHE	240. REC'D BY REGIS DATEJAN 1 2 '5	0 0 1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relating by the hospital ar otherding physician.

TO FUNERAL DESTRUCTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SS

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	CERTIFICATE OF DEATH Reg. Dist. No.										
F	a. COUNTY			MARYLAND	2. USUAL RESIDENCE (V		d lived. If in	JNTY		_	
-	Balt:	(If outside corporate lim			Maryland			_Pr	rince	Geor	ge
П	RURAL ond give	(ir outside corporate itm neorest town)	its, write C. LENG	GTH OF STAY IN 16	c. CITY OR TOWN (I	t outside corpo	prote limits, w	rite RUF	RAL ond give	e nearest	town)
-	Owings Mi	lls	5	yrs. 6mos.	Sea t Pl	easant		10	0 X -	O.	
	OR INSTITUTION	tTAL (If not in haspital,	give street address)	2442	d. STREET ADDRESS	tanat	Couth	For		0	RESIDENCE IN A FARM?
1	Rosewood	State Tra			6615 E S	4. DATE	South_		-		X
ľ	DECEASED	J. (22/1)	rst	Middle	Lost	OF		Month		Day	Year
L	(Type or print)	Margu		Thrina	Riedesel	DEATH		I		I	1959
15	. SEX	6. COLOR OF RACE	7. MARRIED 1	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In) last birthe				NDER 24 HRS
	Female	White	WIDOWED [DIVORCED [8/16/40		18	yrs.		Jys ne	Will.
1	Oa. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign o	country)		12. CITIZE	N OF W	HAT COUNTR
	none		no	ne	Maryla	nd			T	S.A	
1	3. FATHER'S NAME				14. MOTHER'S MAIDEN						
	Holmon E.	lwardTheodo	na Diadaa	.7	W-menan	st- Mo	- V-11	- D.	1 - 2	7	
1	S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? IA SOCIAL	SECURITY NO. 17. II	Marguer	Tre Ma	e verr	Addres	redese	11	
	Yes, no, or unknown)	(If yes, give wor or dates of	service)	SECONITIO. III.				Nouve			
1	ne	Ann arrest	non								
Т		ATH [Enter only one co	ouse per line for (o)	. (b). ond (c).	2 - 12 1.0	` '				INTERVA	L BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	LOB	ARPA	EUMO	NIA				014361	NAD DEATH
	1490 X	DUE TO									
	Conditions, if	any which)									
1	gave rise to	immediate								_	
-	couse (o), stating		,								
4	lying couse lost	, ,	c)								
1		THER SIGNIFICANT CON	IDITIONS CONTRIBE	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS		- ANTON	IN PART 1	(o) 19. W	AS AUTOPSY REORMED?
		11001	DADL	LIPLE	GIAM	YOK	OCE	P	17.	YES	ON B
1	20a. ACCIDENT W	AS UNDERLYING C	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of injury i	n Port I or Por	t II of item 18	1.)			
		Y MEDICAL EXAMINER)									
1000	20c. TIME OF INJU	RY Month, Day, Ye		CCURRED 20e. Pt.	ACE OF INJURY (Home, fa tory, street, office bldg., e	rm. 20f. (City	y or town)		(Cou	inty)	(State
	p. m.	19	of work of	i willing							
	21 I cortify t	hat I attended the	deceased from	5/29	195C to	1/1	, 19	59	that I las	A	h. d
	alive an	/	10 5 9								
	dive on 1	**************	, 19-2	, and that death	accurred at 4:55					date s	
	ACTUAL 5	1 \$	2)2.1		2		treet, city or t				DATE SIGI
1	SIGNATURE	view 0	9.00	~~	MDROSEWO	DLA	0 4 8	ا الم	1001	FLO	777
	PHYSICIAN'S E	RNEST	I. DE	CKO					111	110	159
2	20. BURIAL CREMATI	ON, 22b. DATE THEREC		AME OF CEMETERY O	P CDEMATORY	224 LOCA	JION (City, to		rountul.		(54-4-)
	REMOVAL (Specify		-	- y	L 121 1, 10	/	La City To	wn, or	(Cuoniy)	,	Stote)
-	Duriol	1.7	1200	whenglo	- 1/all con	a City	Ma	w.f	1/1/		and
2	3. FUNERAL DIRECTOR	1 1	/	DRESS	24a. RE	C'D BY REGIST	TRAR 24b.	REGISTI	KAR'S SIGN	AFURE	
	CA	ambers ar.	.3/7-	11-40.	DATE	N 5 '59	(LIL	184		

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	and the second second		
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	mount with your manner was		
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356 CERTIFICAT

CERTIFICATE OF DEATH

Reg. Dist. No.

									71311	•	
1. PLACE OF DEATH COUNTY BE	altimore		MARYLA	AND	2. USUAL RESIDENCE (Who o. STATE Maryla:		d lived. If institut b. COUNTY		ence before timo		sion)
b. CITY OR TOWN RURAL and give RURAL	(If outside corporate limit nearest town)		c. LENGTH OF STAY IN	4 lb	c. CITY OR TOWN (If o	utside carpa				orest taw	n)
					× Rural		To	wson			
OR INSTITUTION	Glenarm	-	oddress)		d. STREET ADDRESS	Glenar	rm Road				SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Sister Ma		Middle Coseline Ries	mer	Last	4. DATE OF DEATH	Janu		1	_	Yeor 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED	-	June 7/1892		9. AGE (In years lost buthday) yrs.	Months .		Hours	ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of wo Teach	orking life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote Philadelp				U.S.		COUNTR
13. FATHER'S NAME					14 MOTHER'S MAIDEN N	NAME					
Ant	on Riemer				Anna M	iller					
15. WAS DECEASED EN	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	Iress		-	
				S	ister M. Pete	r Four	rier l	Votch	Cli	ff,	Md.
Conditions, if gove rise to cause (o), stating lying cause lost	g the <u>under</u> DUE TO	Me	Cancer of stastasis of	lur		NAL DISEAS	E CONDITION GI	VEN IN PA	ART I(o)	6 m	
CATIO										PERFC	RMED?
THE EITHER, NOTIF	VAS UNDERLYING A IG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	CURRED). (Enter noture of injury in f	Port I or Por	t II of ifem 18.)				
20c. TIME OF INJU Hour a. m p. m	1.	While	NJURY OCCURRED Not while t of work	Oe. PLA foci	CE OF INJURY (Home, farm lary, street, office bldg., etc.	, 20f. (City .)	or town)		(County)		(State)
	that I attended the economy 30 Charles F.	195		.00	accurred at 4.30.	AM, from	treet, city or town,	and an	the do	ate state	
220. BURIAL, CREMATI REMOVAL (Specif	611-13-4	59	22c. NAME OF CEMET	RI	NE ST 240. REC'	NOTE D. BY REGIST	000	E NR	Tou	(Stot USOR IRE	, M
Lahanes	St. obller				DATE TO	V1 2 5	9 6	Thun S	· 4.		

funeral director, laufd be filed with O FUNERAL LY, FOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. the hospital or attending physician. TO FUNERAL DA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

death. Page 4

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		SHAPEN		
			ardren broken i ar visit A. Sai	

may be retained TO FUNERAL D

VS A15 (4) 15M 9/55

M

Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY Baltemore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mauslus b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest jown) All Marie Marie C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Westside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) Janstitution Lower Com. Home	d. STREET ADDRESS Phila Pa 928 Phila Pa 95 1 NO 12
3. NAME OF DECEASED (Type or print) First Middle	Riley 4. DATE Month Day Year OF DEATH Jan 5 195 9
5. SEX 7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH SAGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	nothingham RD la USH
13. FATHER'S NAME Clepheus C. Cooper	14. MOTHER'S MAIDEN NAME THOUGHT
(Yes. no. or unknown)) (If yes. give war or dates of service)	regart michael - 7928 Thela Rd. Baltinon
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	INTERVAL BETWEEN ONSET AND DEATH ONSET
200. ACCIDENT WAS UNDERLYING TI 200. DESCRIBE HOW INJURY OCCURRE	PERFORMED? YES NO NO No No
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	accurred atM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D FO MILLIAND CON
PHYSICIAN'S A OhN H. Shaw MA	BALC 28, MD
220. BURIAL, CREMATION, BEMOVAL (Specify) 25b. DATE THEREOF 22c. NAME OF CEMETERY O	Compley Frament Chester Co O?
Ralph M. Red, Rising	DATEAN 9 '59 246. REGISTRAR'S SIGNATURE

		ADRITRED	
	ALK TO SEE		- Production of the state of Mina and
			art balloutes for this times in CS
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THE PARTY AND	The second second	But The	

	; 3	58	CERTIFIC	CATE OF	DEATH		Re	g. Dist. No),	
1. PLACE OF DEATH o. COUNTY	BALTO	ъ.	MARYLANI	CTATE	IDENCE (Who	re deceased live	b. COUNTY	Residence belo BALTO		
b. CITY OR TOWN RURAL and give	I (If outside corporate lim necrest town) INS VILLE	nits, write c.	LENGTH OF STAY IN 1			MSV/L	imils, write RURA	L ond give ne	acrest fown)	
d. NAME OF HOS	PITAL (If not in hospital, NOODS NO			d. STREET		LJON	AVE		e. IS RESIDEN ON A FAI YES NO	RM?
3. NAME OF DECEASED (Type or print)	MABE		Middle SIMPS	ON RO.	BEKTS	4. DATE OF DEATH	JAN.	20	oy Year	59
5. SEX	6. COLOR OR RACE	7. MARRIED	DIVORCED	MARCH	1 25,18	79 9. 4		under 1 YEA	Hours /	4 HRS. Min,
during most of w	TION (Give kind of work orking life, even if retired	g)	HOME	DUSTRY 11. BIRTHP	PLACE (State o	r fareign country		12. CITIZEN	OF WHAT CO	UNTRY
13. FATHER'S NAME	HARLES.	5.512	1750N	14. MOTHER	S MAIDEN NA	AME OLLIC	BRI	nun		
15. WAS DECEASEDE	VER IN U. S. ARMED FOI		CIAL SECURITY NO. 17	Simp	on R	oberto	- 2041	Hille,	ave	2
	EATH (Enter only one content was Caused BY:	of Co	or (0), (b), and (c).]	Occu	lsi)n.		INI NO S	ERVAL BETWI	EEN ATH
Conditions, if gave rise to couse (a), statin	any, which	s Se	vers ath	ausd	enn	3 -		7	kan	
lying couse los		voltions con	ITAIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMIN	IAL DISEASE COI	NDITION GIVEN	IN PART (O)	19. WAS AUTO PERFORME YES NO	ED?
PART II. C	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCUI	RRED. (Enter nature	af injury in Po	art I ar Part II of	item 1B.)		<i>y</i> = 1	- []
20c. TIME OF INJ Hour o. m	1.	While	RY OCCURRED 20e. Not while of work	PLACE OF INJURY factory, street, affic	(Hame, form, ce bldg., etc.)	20f. (City or to	wn)	(County)) ((State)
alive an	that I attended the	deceased 1255		, 19ath accurred at		M, fram the	19 7,tl causes and city of town, stot	on the do	ate stated	
PHYSICIAN'S NAME (Type)	wether	er to	+011 -	M.D	2 000	MION	avs, (470	isulu	
	ION, 22b. DATE THERE	of 2	2c. NAME OF CEMETERY	OR CREMATORY	7.	22d. LOCATION	(City. Jours, or co	ounty)	(State))
23. FUNERAL DIRECTO	DR'S SIGNATURE	tome-	Cotonwell	e, sud.	240. REC'D	BY REGISTRAR 2 9 '59	24b. REGISTRA		IRE	

may be retained by the haspital or attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. VS A1S (4) 15M P/S5

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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The state of the s							

TO HOSPITAL OR may be retained TO FUNERAL DIR

VS A1S (4) 15M 10/57

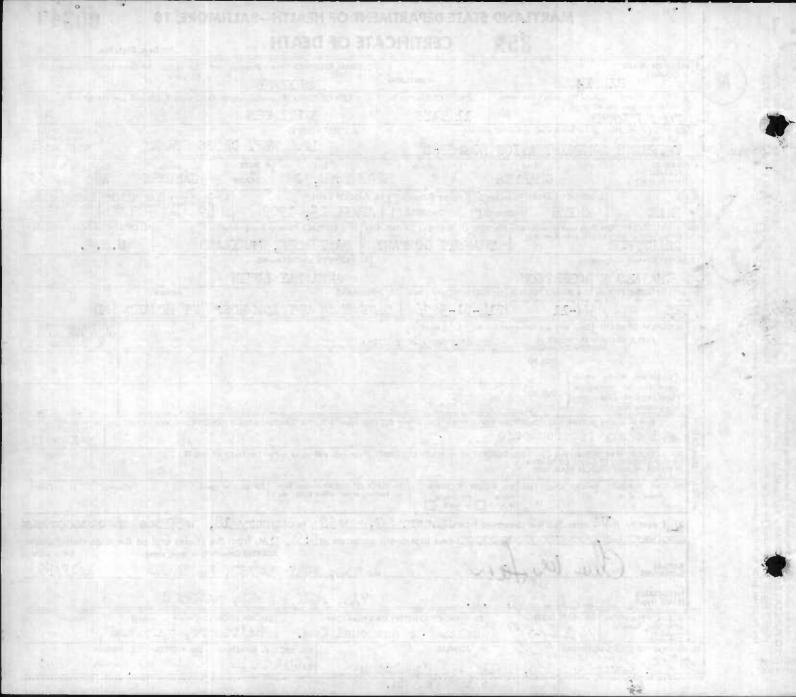
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00349

CERTIFICATE OF DEATH

L	001			Reg. Dist	, No.
1	PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	O. STATE MARYLAND	ed. If institution: Residence b. COUNTY	e befare admission)
	b. CITY OR TOWN (If outside carporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate	limits, write RURAL and gi	ve nearest town)
	RURAL and give nearest tawn) FORT HOWARD	11 DAYS	BALTIMORE	3VA	1-11
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION VETERANS ADMINISTRATION		d. STREET ADDRESS 1204 WEST CRO	OSS STREET	e. IS RESIDENCE ON A FARM? YES NO
100	NAME OF First DECEASED (Type or print) CHARLES	Middle	Lost 4. DATE OF OF DEATH	Month JANUARY	Day Year
	6. COLOR OR RACE 7. MA	4944	DATE OF BIRTH 9.	AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOW		FRIL 25, 1909	ost birthday) Months (Days Hours Min.
ī	0o. USUAL OCCUPATION (Give kind of work done 10th	. KIND OF BUSINESS OR INDUST			EN OF WHAT COUNTRY
	CHAUFFEUR	TRANSIT COMPANY	BALTIMORE, MARYLA	I DUL	J.S.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	CHARLES E ROBERTSON		ANNA MAY LUKIN		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Yes, no. or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17. INI	DRMANT	Address	
		14-01-5896 CL	N REC VET ADM HOSE	FT HOWARD	MD
	1B. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C	TRRHOSIS OF LIVE	R		ONSET AND REATH
	5 8 1.0 DUE TO				
	Conditions, if any, which) (b)				
	gave rise to immediate cause (a), stating the under-				
	lying cause last. (c)				
CITA CITITION	Part II. OTHER SIGNIFICANT CONDITIONS Pulmonary tuberculosis	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part 1 or Part II o	of item, 18.)	
1001			OF INJURY (Home, farm, 20f. (City or	lown) (Co	ounty) (State)
CATA	Hour a. m. 19 While at we	e Not while racto	y, street, affice bldg., etc.)		
	21. I certify that attended the deced	sed from January 7	., 1959, 10 January 18	1059 NEVERTO	DEVERSION DEVENOUS PROPERTY
	- SENSONO COCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCO	DODOX and that death	coursed at 5:00 D.M. from the	co., 17_2musica	and a state of a large
	81.3.1	, and man acam (, city or town, state)	DATE SIGNI
	SIGNATURE (LUL US 19	1.~	VAH. FORT HOWARD.	MARYLAND	1/19/59
	PHYSICIAN'S NAME (Type) CHIEN WEI LAN.		VAH, FORT HOWARD, 1		
2	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 1/22/59	22c. NAME OF CEMETERY OR Baltimore Nati	REMATORY 22d. LOCATION	(City, town, ar caunty)	(State)
2	3. PONERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR		
	John J. Cowan and Son Ho	lline & Popplet		arthur & M	

Baltimore, Md.



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360 CERTIFICA	ATE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH O. COUNTY Baltimore: MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY b. COUNTY DALTIMOY	9
b. CITY OR TOWN (If outside corporate limits, write RVRAL and, givenearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS O. 15 RESIDENCE ON A FARM YES NO	?
3. NAME OF DECEASED (Type or print) Judith Ann	POSICY DEATH JAN. 12 195	9
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 H OUNC. 3 1946 Months Days Hours Min	١.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	- Baltimore, Md. T. J.A.	TRY
John Donald Rosier	Doris T. Sutton.	
(Yes no of withness) (If yes, give wor or dates of service)	Irs: Talmadge Beeker, Parkton Md.	R
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	INTERVAL BETWEEN ONSET AND DEATH	4
Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 27 20b. DESCRIBE HOW INJURY OCCURRE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES \(\) NO ['
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stopolory, street, office bldg., etc.)	te)
21. I certify that I attended the deceased from alive on SAUL , 1959, and that death ACTUAL SIGNATURE R. Prawe	h accurred at 10/15AM, from the causes and an the date stated ab ADDRESS (Street, city or town, stote) DATE SIGN. M.D. DATE SIGN.	ave
PHYSICIAN'S H.M. FRANCE	· · · · · · · · · · · · · · · · · · ·	400 400 000
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME, OF CEMETERY O Middle FOULY	(emetery Freeland, Md.	
13. PUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	

may be retain VS A15 (4) 15M 9/55

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Md.

(Stole)

Md.

er death. Page

the attending physician and campletely filled ease remave carban papers. event within 72 hours after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL TO FUNERAL VS A15 (4) 1SM 10/57

NAME (Type) 220. BURIAL, CREMATION, PEMOVAL (Specify) BULLAL 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Jan.16,59 Black Rock Cemetery Butler 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR J.F. Eline & Sons Reisterstown, Md.

	301	CERTIFICA	ALE OF DEATH		Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Md •	eceased lived. If instituti b. COUNTY		ore odmission)
b. CITY OR TOWN RURAL and give Reister	(If outside corporate limits, write nearest town) SCOWIN	c. LENGTH OF STAY IN 16 6 Years	c. CITY OR TOWN (If outside		URAL and give ne	arest town)
d. NAME OF HOSE OR INSTITUTION Piney	Grove Road	address)	street ADDRESS Piney Gro	ve Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type Or print)	John First	Walter	Royston 4. D	ATE Mon FEATH Jar		y Yeor 5
s. sex Male	White widow		B. Date of Birth March 2,1894	- /·s·	Months Doys	Hours Min
10a. USUAL OCCUPAT during most of we Painte	orking life, even if refired)	KIND OF BUSINESS OR INDU Maintenance	STRY 11. BIRTHPLACE (Stote or form			JSA
13. FATHER'S NAME Josep	h Royston		14. MOTHER'S MAIDEN NAME Matilda	Pitts		
1S. WAS DECEASEDEN (Yes. no. or unknown) NO	VER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service) NO 2		Mrs.George Hei	entzman Add		erstown
	MINIEDIATE CAUSE (U)		tic CV Dia	Bease	INT	ERVAL BETWEEN SET AND DEATH
Conditions, if gove rise to	immediate	irrhosis of	liver			2 yrs
tying cause lost	(c)	Chronic Neph				5 yrs
Ž Z		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIV	EN IN PART 1(o)	PERFORMED?
OR CONTRIBUTION	Y MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Part II of item 18.)		
20c. TIME OF INJU Hour o. m p. m	none to While	_ Not while	ACE OF INJURY (Home, form, 20f ctory, street, office bldg., etc.)	. (City or town)	(County)	(Sto
	that I attended the deceas		19, to1 occurred at 4:30 P.M., ADDRI		and an the da	
ACTUAL SIGNATURE	J. D. Caples		M.D. 6 Hanover			1-15-5
PHYSICIAN'S	D D Conley	M D	Rejetenet	own Md		

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death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	362	CERTIFIC	ATE OF DEATH	1	Reg. Dist	. No.
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary		f institution: Residence COUNTY Box	timore
b. CITY OR TOWN (If outside of RURAL and give nearest town		LENGTH OF STAY IN 16	c. CITY OR TOWN/IF	outside corporate limit	, write RURAL and gi	ve nearest lown)
d. NAME OF HOSPITAL (IF not OR INSTITUTION 4215		F Rd	d. STREET ADDRESS 4215	Thorne	iff Rd.	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print)	Walter	Ernest	Rudolph	4. DATE OF DEATH	Month Tan	Day Year 21, 1959
5. SEX Male 6. COLO	OR OR RACE 7. MARRIED WIDOWED [NEVER MARRIED	B. DATE OF BIRTH	78 9. AGE (last b)		YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give during most of working life, e STOYE REPEY (2)	kind of work dane 10b. KINI yen if retired) U. S	of business or inc	ent Bal	to, Md.	12. CiTi2	U, S, A,
Ei	nest Ru	dolph	14. MOTHER'S MAIDEN N	own U	nknown	
15. WAS DECEASED EVER IN U. S. (Yet. no. or unknown) (If yes, give	ARMED FORCES? 16. SOC	11	aroline Rudo	olph 4	Address 215 Thor	ndiff Rd
18. CAUSE OF DEATH [Enter PART I. DEATH WAS (IMMEDIA	CAUSED BY: ATE CAUSE (a)		ry occlusion	1		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under</u> lying cause last.	DUE TO	eroiscler	otic vascula	ar diseas	se	20 yrs.
	FICANT CONDITIONS CONT	TRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	YING DESCRIBE E OF DEATH EXAMINER)	HOW INJURY OCCUR	RED. (Enter nature of injury in I	Part I ar Part II of item	n 18.)	
20c. TIME OF INJURY Month Hour o. m. p. m.	Day, Year 20d. INJUR While at work	Not while	PLACE OF INJURY IHome, form actory, street, affice bldg., etc.	20f. (City or tawn)	(Co	ounty) (State)
21. I certify that I att	ended the deceased (fram $4-26-$	19 ⁵⁴ , to 1- h accurred at 9:50	M, from the co	ouses and an the	ist saw the decease date stated abov
ACTUAL SIGNATURE	ege	Ly		Overlea .		25-59
PHYSICIAN'S Dr.	Richard R.	Rigler		lto 6, Md		
220. BURIAL, CREMATION, 22b. I REMOVAL (Specify) Jan	,24,1959	Loudon	Park	22d. LOCATION (City	timore	(State) Md,
23. FUNERAL DIRECTOR'S SIGNATURE	val Tome	7401 Be	low Rd DAWAN	D BY REGISTRAR 2.	Outhur & H	SALLA SALLA

may be retained by the haspital ar attending physician.

O FUNERAL C. TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld the detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 bours after death. may be retaine VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the crificate, writing the ward "pending" in pencil is Item, 18. Give Pages 1, 2, and 3 to the funeral vector. Page 4 should be marded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL LIECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Socyl of Health, ar its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dist. No.					
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md b. COUNTYBalto e					
b. CITY OR TOWN (If autside carporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)					
ond give negrest tewn) Oaklee nr Arbutus 29						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	X Oaklee Nr. Arbutus 29, Balto.					
4041 Wilkens Ave	4041 Wilkens Ave					
3. NAME OF First Middle (Type or print) George C. Ruehl Sr.	Lost 4. DATE Month Doy Year OF DEATH Jan. 8, 1959 19					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER)						
Ma le White WIDOWED DIXORCED []	oct 11 1882 To yrs. Months Days Hours Min.					
100. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OF INDUST during most of warking life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME John Al Prichl	14. MOTHER'S MAIDEN NAME!					
15. WAS DECEASED TYPE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT Address					
(Yes, no, or unknown) (If yes, give war or dates at service)	Geo. C. Ruehl Jr. , Tanglewood Rd.					
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL DETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: Acute Cardiac fe	ailure					
422.1 DUE TO						
Conditions, if ony, which) (b) Arterio scleroti	c cardio vascular disease					
gave rise to immediate couse (a), stating the underlying DUE TO						
I tol, storing the underlying!	ed arteriosclerosis					
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY					
CCIRC	PERFORMED?					
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?(1) YES NO.; 11 Part II or Part						
	CE OF INJURY (Home, form, 20f. (Cily or town) (County) (State) ory, street, office bldg., etc.)					
21. I certify that I taok charge of the remains described abo	ve, held an Autapsy , Inspection , Inquiry , and in my					
opinion death resulted from: Natural causes Accident						
a h-N. 17						
ACTUAL CHIEF MEDICAL EXAMINER D						
SIGNATURE:	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER					
EXAMINER'S NAME (Type) Geo. S. M. Kieffer M.D,	DEPUTY MEDICAL EXAMINER D Jan. 8, 1959					
220. BURIAL CREMATION. 226. DATE THEREOF 220 NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (State)					
Summer of the su						
FOF OH OF						
Tarrey June stonsver	QC. DATEAN 1 5 '59 arthur S. Krous					

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*					
		HI CONTRACTOR			
			10 10		Cellothia Dill
		F			
					O Dents (C. L.)
:					
	Martin Sattroding SC				
			A Later State Stat	OF BELL	

FOR STATE HEALTH DEPT.

cessary, please rector. Page your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nexecute the execute the example of the following the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined TO FUNERAL N.TECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo ar its designated agent, prior to burial, cremation, or removal, and in particular within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	364			Reg. Dist.	. No.
1. PLACE OF DEATH_	003		2. USUAL RESIDENCE (Where decease	ed lived. If institution; Residence	e before admission)
o. COUNTY	PALTO	MARYLAND	O. STATE MCL.	b. COUNTY BAL	LTIMORE
b. CITY OR TOWN II	t outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and gi	ive nearest town)
1 .1 / 1 /	ESEX	6 MC.	X Middlese	· *	
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	n hospital, give street address)	1 d. STREET ADDRESS Middle	LESEX Rd	e. IS RESIDENCE ON A FARM? YES NO L
3. NAME OF DECEASED (Type or print)	ChARLES	John	SANDA 4. DATE OF DEATH	JAW.	Day Yeor 19-59
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER 1Y	
MALE	WhitE WIDO	OWED DIVORCED	Ay927 1887	7/ yrs. Months Do	bys Hours Min.
	ON (Give kind of work done I	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZE	N OF WHAT COUNTRY?
LAbun	time the	IndusTRIAL	MARYLA	and 4	1.5,4
13. FATHER'S NAME	2 0		14. MOTHER'S MAIDEN NAME	1	
Noh.	n P JAV	ndA	Unl	Luoun	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IF	FORMANT	Address	
NO	NONE	217-10-2372	FRANK ROTH	749 MiddL.	ESEXRO
	TH [Enter only one cause per	line for (o), (b), and (c),	. 1	0	INTERVAL BETWEEN ONSIT AND DEATH
	TH WAS CAUSED BY:	DRONChogs	NIC CA. Of	GUNG-	6-8 m.
162.1	DUE TO -				
Conditions, if o		GONERALIZED	METASTASIS		
gave rise to imme	3 0115 50			~	
couse last.) (c)				
PART II. OT	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	USE WAS NTRIBUTING 20b. DES	CRIBE HOW INJURY OF CURRED. (E	nter noture of injury in Past I or Port II	of item 18.)	
20c. TIME OF INJU	,	while Not while foctors work of owners of the orthogonal orthogonal of the orthogonal of the orthogonal of the orthogona	CE OF INJURY (Home, form, 20f. (City ory, street, office bldg., etc.)	er town) (Count	y) (State)
		he remoins described obo	ve. held an Autopsy 🔲 In	aspection Inquiry	ond in my
	resulted from: Notur			and the same of th	Ann.
ACTUAL SIGNATURE	mBD	avis	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Type)	M.B.DA	wis mi	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER		5/58=
220. BURIAL, CREMATIC REMOVAL (Specify	ON. 276. DATE THEREOF	22c. NAME OF CEMETERY OR		TION (City, town, or county)	(Stote)
DURIAL	1-7-59	BETHEL		ALStons,	17/d.
23. FUNERAL DIRECTO	I'S SIGNATURE	ADDRESS	240. REC'D BY REGISTI	1 1	ATURE
HOLLOWA	49 Co. Si	+ LIS DURY, 1	1 DATE JAN 8 5	19 arthur S. F.	Claude

TIATE SUR

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00355

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLA	11 0	. STATE		sed lived. If institut b. COUNTY			ision)
b. CITY OR TOWN	(If outside corporate limits	write c. I	ENGTH OF STAY IN			yland	porote limits, write		imore	2 (04
RURAL ond give	more - 29		64 vrs.	X		ltimore	The second second	NO II TIE ONG GI		,
d. NAME OF HOSE	PITAL (If not in hospital, gi	re street oddre		1	STREET ADDRES		- ~/		e. tS RE	SIDENCE A FARM?
OR INSTITUTION	600 St. Agr	es Lan	e		600	St. Ag	nes Lane			A FARM?
3. NAME OF DECEASED	Firs	ı	Middle		Lost	4. DATE	Мо	nth	Day	Year
(Type or print)	BERNA		SCHENE			DEAT		Jan. 3	-	1959
5. SEX Male		7. MARRIED [NEVER MARRIED DIVORCED	_	TE OF BIRTH	874	9. AGE (In years last birthdoy)	Months D	YEAR IF UND	7
10a. USUAL OCCUPAT	TION (Give kind of work dorking life, even if retired)	one 10b. KINE	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	State or foreign	country)	12. CITIZ	EN OF WHA	T COUNTRY
Overs		Far	m Oversee	r	Mary	land		U.	. S. A	
13. FATHER'S NAME				14.	MOTHER'S MAID	EN NAME				
	Bernard Sc	hene		818	Unkne	own				
15. WAS DECEASED ET	VER IN U. S. ARMED FORCE		IAL SECURITY NO.	17. INFOR	TANT	250	Add	dress		
No	(11 / 42 9 10 10 0 0 0 0 0		01-1905	Mrs. 1	Bessie Se	chene 6	00 St. Ag	mes Lai	ne Bal	to. 29
Conditions, if gove rise to cause (o), stotin lying cause los	g the under: (c)	Cen Hy	perten	sce	rlan) C-V-	Due	nhag	e	20	yrs
3 one	PAPTO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)									
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING A IG CAUSE OF DEATH FY MEDICAL EXAMINER)	ЮЬ. DESCRIBE	HOW INJURY OC	URRED. (Ent	er noture of injury	y in Port I or P	ort II of item 18.)			
20c, TIME OF INJU Hour a. m p. m	10	While	Y OCCURRED 20 Not while of work	PLACE O foctory, s	F INJURY (Home, Ireet, office bldg.	farm, 20f. (C	ity or town)	(Cor	unty)	(Stote)
21. I certify	that I attended the	deceased f	ram 6 11	6	, 1957, ta		13 , 195	2, that I la	st saw the	deceased
alive on	1/3	, 125 9	and that d	eath occ	rred at	M, fro	am the causes			
ACTUAL SIGNATURE	Victor	To	Sy	M.D.	Cal		(Street, city of town,			ATE SIGNED
PHYSICIAN'S NAME (Type)			V /							
220. BURIAL, CREMAT REMOVAL (Specif Burial	1/6/1959	220	New Cath				ATION (City, town,	or county)	(Sto	te)
23. FUNERAL DIRECTO	R'S SIGNATURE/)	ADDRESS Catonsvi		240.	REC'D BY REG		ISTRAR'S SIGN	ATURE	3

TO HOSPITAL OR VS A15 (4) 15M 9/55

death: Poge 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

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March Carlot (Co. P. Carlot Co. P. Carlot Co. Carlot Co Called Arms from a file of the second and the secon The state of a series because of telegraph below they The state of the s the state attacks and

and the second	CATE OF DEATH		ale:	
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Standard on the rest of Secretary				
	and the state of the state of the			
		, ,	Incl. Legislate	

	304								Keg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY					STATE Mar	ce (Where	deceased liv	ed. If instituti b. COUNTY		before admi	ission)
RURAL and give ned					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V 0 / 4						wn)
OR INSTITUTION	L (If not in hospital, give s				d. STREET ADDR		-11.		7.49	ON	A FARM?
	Administrat	tion Ho	-		4700		ord A	renue		IES [J NOAL
3. NAME OF DECEASED (Type or print)	JOHN	5.0	Middle F.	SCHME	LZ LZ		DATE OF DEATH	Mor January		Day	Year 1959
. sex Male	THE RESERVE THE RE	MARRIED DOWED	NEVER MARRIED		13/91			AGE (In years last birthdoy) yrs.		YEAR IF UNI	1
Do. USUAL OCCUPATION during most of worki Foreman B. FATHER'S NAME	N (Give kind of work done ng life, even if retired)		Gas &Lig	htCo.	Balti:	more,	Mary!			S.A.	COUNTRY
	Schmelz			- 1		olvn	MN:	Uknow	n		
S. WAS DECEASED EVER	IN U. S. ARMED FORCES? f yes, give wor or dates of service Army)		INFOR			Adm I	Add	ress	oward.	M.J
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	mediote Dus TO	UOMAUQ	S CARCIN	IOMA,	НҮ РОРНА.	RYNX/I	METAS:	TASIS		IYear	l _i Mor
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP. PERFORMED? INABILITY IN INGEST FOOD 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port L or Port II of item 18.)							ORMED?			
	CAUSE OF DEATH	. DESCRIBE A	OW INJORT OCC	ORKED. (En	ler notifie of inf	DIY IN FOIL	(OF FOIT II	or nem ib.,			
Hour o.m.	19 V	ot work 🔲 ot	ot while	foctory,	PF INJURY (Hom street, office bld	dg., etc.)				unty)	(Stote
ACTUAL SIGNATURE	at X affended the de	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	and that d		urred atll	:45AM,	fram the RESS (Street		ad an the state)	date state	
	AROLD R. JOH							, MARY			
REMOVAL (Specify) Burial	22b. DATE THEREOF	19 B	NAME OF CEMETE		onal	I	Baltin	ore, M.	arylan	d	ote)
3. FUNERAL DIRECTOR'S	AL HOME.5305		DDRESS	746			REGISTRAF		STRAR'S SIGN		
TOURD I ONLY	AL HUPLE 5305	nario	ru Ku. Ba	LT.O.	UKI . DA	MAN 2 0	59	Cath	W 8 95	11 A	

uneral director, death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours can may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shuther registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SB

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A Policy of the Policy of the

CERTIFICATE OF DEATH

Reg. Dist. No.

00359

	1. PLACE OF DEATH o. COUNTY	Baltimo	ore	MAI	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY Ball					lti		
	b. CITY OR TOWN (If RURAL ond give ne Catons	arest town)	ts, write	c. LENGTH OF STA	Y IN 1ь fe		town (If or		e detot	11111	give near	rest town	
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 33 Kirkwood Road				d. STREET / 1533		rwood	Road		e	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print)	DECEASED				lz	st	4. DATE OF DEATH	Jan.		195	0	ear 9
	5. SEX	6. COLOR OR RACE	WIDOWE	D DIVORC	ED 🔲	B. DATE OF BIRT	11, 1	1957	9. AGE (In years lost birthdoy) yrs.		Doys	Hours	R 24 HRS. Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland USA								COUNTRY				
1	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Ronald T. Schuerholz Jean C. Dunphy												
	15. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16. S	SOCIAL SECURITY N	O. 17. I	NFORMANT			Add	lress	154		
	No			None	M	rs. Fra	ncis	L. I	unphy 3	37 N.	Pr	ospe	e ct.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the underly lying couse lost. (c)												
	200. ACCIDENT WAS	ER SIGNIFICANT CON		ONTRIBUTING TO D						VEN IN PAR		PERFOR	MED?
	1	☐ CAUSE OF DEATH			OCCORNI	D. (Line) Holore C	,	011 1 01 7 011	n or nem to.,				
	Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of work	JURY OCCURRED Not while of work	20e. PL fo	ACE OF INJURY (ctory, street, office	Home, form, e bldg., etc.)	20f. (City	or town)	(0	County)		(Stote)
	21. I certify the	at I attended the	decease	ed from	pt	1957	7, to	an	11, 195	2.that I	last say	w the	decensed
alive an 10, 1959, and that death accurred at 6 M, from the causes an ADDRESS (Street, city or lown, stress IGNATURE M.D. 6014 Edmendar Line Bare								and an t		e state			
	PHYSICIAN'S NAME (Type)	NELSON	Me	KAY, M.	D.	6014	Lon	ONDS	N AVE	BAL	TIM	RE, 2	8, MO.
	220. BURIAL, CREMATION REMOVAL (Specify) Burial	1-12-5		Meador					ion (city, town, kridge			(Stote)
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIG	GNATURE		
	Farley I	Tuneral H	Tome	Catona	w: 1 7	0 152	DATE JAR	V 1 5 '5	9 a	thur S.	Trace	4	

CHITTAS - COMMENTO FELMENACIO STATE CRALVIAM.
HEAST TO STADENTISS DEED STADENTS
The state of the s

MARYLAND 214 MEDICA	STATE DEPARTMEN	TOF HEALTH-CERTIFICATE	-BALTIMORE, 18 OF DEATH	.0036
214			Reg. D	Dist. No.
I. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	b. COUNTY Balt	

-	_										
		LACE OF DEATH				2. USUAL RESIDENCE	Where deceased liv	I COLLET			
			Lithorne. F	alto.	MARYLAND	o. STATE Md		b. COUNTY Bal	ltimor	е	
	b.	. CITY OR TOWN (If and give nearest fown)	outside carparate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		Halethou	rne			5/ Haletho	orpe				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS				. IS RESIDENCE ON A FARM?		
	5	522 Carvil	tle Ave			5522 Car	ville Av	re		YES NO	
	3. NAME OF First Middle		lost	4. DATE	Month	Doy	Yeor				
		(Type or print) Mary Zola Schuler			DEATH	Jan. 12	. 1959	19			
	5. Si	EX			NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years IF UNI	-	F UNDER 24 HRS.	
		77	White	WIDOWED	14	Oct. 8. 188	1 100	Month	hs Doys	Hours Min.	
	10a.	USUAL OCCUPATIO	A STATE OF THE STA	done 10b, KI	ND OF BUSINESS OR INDUS				CITIZEN OF	WHAT COUNTRY?	
1	d	luring most of working	life, even if relired)			1 11 11	Pa. 1		U.S. A		
	33	FATHER'S NAME	e Wife	0 1	Home	14. MOTHER'S MAIDEN	NAME O	2	0 000 22		
	1	4	20/1/	a la		101	Name of	0,000			
	3.5	WAS DECEASED EVE	DIN LIKE ABMED EO	ayre	OCIAL SECURITY NO. 17.	INFORMANT	30-101	ceary			
i	Yes.	no, or unknown)	R IN US. ARMED FO	service)		5) 	Address	7 a Arro		
						Howard F. Sc	nuter, 5)ZZ Garvii			
			H [Enter only one cou						ONSET	ALBETWEEN AND DEATH	
		PARI I, DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (0)	Co	ronary thromb	osis					
		420,1	DUE TO		/3						
		Conditions, if on		Arte	W sclerotic	cardio vascu	lar dises	ise			
		gove rise to immed (a), stating the u									
		couse last.	(c)	,							
	20	PART II. OTH	ER SIGNIFICANT CON	DITIONS COI	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVEN IN	PART 1(o) 19.	WAS AUTOPSY PERFORMEDP	
]	3								YE	S NO	
	CERTIFICATION	20g. EXTERNAL CAU		b. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of injury in Po	ort t or Post II of ite	em 18.)			
		CAUSE OF DEATH.									
	MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yes		1	ACE OF INJURY (Home, far tary, street, office bldg., et	m. 20f. (City or to	own)	(County)	(Stote)	
	MED	Hour o.m. p.m.	19	While of wor	k of work	iory, ander, office orogi, or					
		21. I certify th	at I taak charge	of the re	emains described abo	ave, held an Autap	sy Inspe	ction Inc	uiry 🗔	and in my	
					194.00				. ,		
		opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner									
		ACTUAL	1	nAr	1 //01	CHIEF MEDICAL I	EXAMINER [DATE SIGNED	
1		SIGNATURE	-11011	1911	ceffer	M.D.	CAL EXAMINER				
×		EXAMINER'S		00	6.0	DEPUTY MEDICAL	30.00		12, 19	959	
	22.0		teo S. M.					7			
	110	REMOVAL (Specify)	N. 22b. DATE THEREC	09	22c. NAME OF CEMETERY OF	CREMADORY	ZZG. LOCATION	(City, town, or count	7	(Stole)	
	22	PUNISMAL BIRECTOR	e elderature	2/	ADDRESS	1 aux	TO BY GEORGE	Tab BEGIGTOR	0/0	CX	
	23.	FUNERAL DIRECTOR"	SIGNATURE	h	FERE WALL	Vend	JAN 1 4 '59	24b. REGISTRAR'S			
	0	Ca hours	Fuc	1- 1	JNOV / ray	DATE					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is need execute the descriptions, writing the ward "pending" in pendil in Item. 18. Give Pages 1, 2, and 3 to the funeral 4 should be and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL Directors: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

ATABICAL EXAMINER'S CERTIFICIES OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DÉPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY files. Health, MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) and give nearest town). d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle DATE DECEASED OF DEATH (Type or print) // 7. MARRIED NEVER MARRIED 1 8. DATE 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pup OUSEWI pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) SAME ANKESS 18. CAUSE OF DEATH [Enter only one cause per line fp73(a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Canditions, if ony, which gave rise to immediate couse DUE TO (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIPT HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 2 PLACE OF INJURY (Home, form, 201. (Cyy or town) Month, Day, Year 20c. TIME OF INJURY factory, treet, office bldg., etc.) Not while at work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 1 Inquiry 2 Srded CTOR: opinion deoth resulted from: Notural couses . Accident ! !, Suicide 1 Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE AL AL ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220-BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d- GOCATION (City, towngor county)

ADDRESS

40 VS. A15ME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATUR

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM YES NO

Year

195

Hours

U.S. A.

ONSET AND DEATH

PERFORMED? NO.

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DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEATHER OF DEATH

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00362

-	340	CERTIFICA	ALE OF DEATH	Reg. Dist	. No.
	1. PLACE OF DEATH 3 attimal	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE)	b. COUNTY	
	RURAL and give neggest to the Streles	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	prote limits, write RURAL and giant $3 \vee 0 / -$	ve nearest town)
	d. NAME OF HOSPITAL (If not in happing form street endered or INSTITUTION 133 State	House	d. STREET ADDRESS 3034 W. San	uson aren	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type ar print) Sophia	Middle	Skeman 4. DATE OF DEATH	January.	Doy Yeor
	Female White WIDOWED D	DIVORCED [E. DATE OF BIRTH February - 1881	last birthday) Manths [YEAR IF UNDER 24 HRS. Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of wark done during most of working life, wen if retired)	of Business OR INDUS	TRY 11. BIRTHPLYCH (Stole or foreign of	/	EN OF WHAT COUNTRY;
	13. FATHER'S NAME GOLDAN GOLDAN	ein	14. MOTHER'S MAJOEN NAME	?	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. IN	and Sherman	-3034 W.	Garsison (
	18. CAUSE OF DEATH [Enter only one couse per line for PART 1. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (o)	elisal a	Thrombose descende	EUP.	INTERVAL BETWEEN ONSET AND DEATH THE STATE OF THE STATE
)	≅ TOK CONTRIBUTING LT CAUSE OF DEATH I		NOT RELATED TO THE TERMINAL DISEAS		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. While	OCCURRED 20e. PLA Not white of work	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	r or lown) (Co	ounty) (Stote)
	21. I certify that I attended the deceased fralive on 19 5 9	and that death	occurred at 1.0 - MM, from	treet, city or town, state)	ist saw the deceased a date stated above. DATE SIGNED 1/10/59
1	PHYSICIAN'S Lester N. Kolma		Baltimore 15	Maryland	
	19 19 (Jan 11/59 0	NAME OF CEMETERY OR	CREMATORY 224 10CA	TION (City, town, or county)	(State)
	23. PUNERAL DIRECTOR'S SIGNATURE and 1124 W	V. North	One DATE DATE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs affor death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIM FOR: After this certificate has been signed by the attending physician and completely filled in by war funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 1SM 10/57

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A FARTY			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

371

CERTIFICATE OF DEATH

00363

	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Mary land B. COUNTY Baltonove
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **X** **Buck** River** Neck**
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Paradise Nursing Home	Box 392 Evergreen Lane on a Farm? Box 392 Evergreen Lane
	3. NAME OF DECEASED (Type or print) Amelia T	Shorty 4. Date Month Doy Year DEATH Jan. 23 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	8. DATE OF BYRTH Oct, 13, 1878 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Nonths Doys Hours Min.
A	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 300. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDICATION	USTRY 11. BIRTHPPACE (Stote or foreign country) Balto, Co. Md 12. CITIZEN OF WHAT COUNTRY USA
1	13. FATHER'S NAME Carl Janusch	Unknown Unknown
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or yninown) If yes, give wor or dates of service) 217-03-0280///	S. Anna M. Milchling Box 392 Evergreen Par
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Almonday Edeka ONSET AND DEATH
	260 × DUE TO HYPERTEN	sive Cardio-Vascular
	gove rise to immediate couse (a), stating the under-lying couse last.	ter meditus mile
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Please 19 of work of work of work 19	LACE OF INJURY (Home, form, cotory, street, office bldg., etc.) (County) (Stote)
	21. I certify that I attended the deceased fram. olive on 12 34 9, 19 and that death	h occurred of : LOPW from the couses and on the date stated above
	ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) DATE SIGNED
	PHYSICIAN'S W.E. M. Grath	Catorille 28 me 135
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. REMOVAL (Specify) Jan. 26, 1959 Zion Evar	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 1. Lutheran Balto, Co, Md,
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 740 Sassahn Funeral Home Ba	24b. REGISTRAR'S SIGNATURE CLO G MD DATE JAN 2 8 '59 Continue S. Kraug

TO HOSPITAL OR May be retain to FUNERAL D

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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Agencies and the same	MAKYLAND	STATE DEPARTM	ENI OF HEALIF	-BALIIMOKE,	00264
	270	CERTIFICA	ATE OF DEATH	1	00364 Reg. Dist. No.
1. PLACE OF DEATH 3	etimal	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE	ere deceased lived. If institution b. COUNTY	anı Residence befare admission)
b. CITY OR TOWN (If or RURAL and give neare		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF)	utside carporate limits, write f	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street) EIN THE	Oddrass	d. STREET ADDRESS	ewood ap	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ann	Middle	Siegel	4. DATE OF DEATH Panel	My 5 Pax Year 1959
Female 6	White widow	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	O AGE (In years lart birthday) yrs.	Manths Days Haurs Min.
100. USUAL OCCUPATION during most of working HOUSEWY	(Give kind af work dane 10b.) life, even if retired)	A Home	STRY 11. BIRTHBLACE (Stale	or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Schwart		14. MOTHER'S MAIDEN N	IAME)	
15. WAS DECEASED EVER IF	N U. S. ARMED FORCES? es, give wor or doles of service}	OCIAL SECURITY NO. 17	ospotal Re	cords Add	ress
PART I. DEATH	[Enter anly ane couse per li WAS CAUSED BY: MEDIATE CAUSE (a)	ne for (a), (b), and (c).	hrombose	,	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony,	DUE TO Which) (b) C/A.	Hypertensive C	rdio-Varcu	las Disense	1030.

DUE TO couse (o), stating the underlying cause lost

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?/

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while at work at wark

(c).

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (State)

YES NO

21. I certify that I attended the deceased fram

that I last saw the deceased

and that death accurred at 4,

ADDRESS (Street, city or town, state)

4. M, from the causes and an the date stated above DATE SIGNED

ACTUAL SIGNATURE

CERTIFICATION

MEDICAL

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY

22d. LOCATION (City, town, or county

FUNERAL DIRECTOR'S SIGNATURE

BURIAL CREMATION. REMOVAL (Spesify)

ADDRESS

BY REGISTRAR 240.

DATE TAN

246. REGISTRAR'S SIGNATURE arily S. Frank

VS A15 (4) 15M 9/S5

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ATTENDING PHYSICIAN: The law

TO HOSPITAL OR TO FUNERAL D.
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death certificate be executed attending physicion and camplinglesse remove corbon popers within 72 hours after death.	I)
ICIAN: The law requires that the attending physician. rifficate has been signed by the cast the buriol-transit permit. Then on, or removol, and in ony event		0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIN 100R: After this certificate has been signed by the attending physician and campletely filled in by the wineral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death.		
VS A15 (4) 15M 10/57		0

	275	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
١.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE)	b. COUNTY Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Rural: Towson	c. LENGTH OF STAY IN 16	c_CITY OR TOWN (If outside corporate fin	mits, write RURAL and give nearest town)
		torium vland	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) INVENT	Middle S	Mith 4. DATE OF DEATH	Month Day Year 3/ 1959
5.	SEX 6. COLOR OR RACE 7. MAR WIDOW		B DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday)
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	f i/	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME Walter 5n	ith	14. MOTHER'S MAIDEN NAME ELIZABETH	Raine
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. es. ng. or uninown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. H	Hospital Records. Eug	y Address lowood Sanatorium
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which) (b)	ne for (o). (b). and (c).	leart Diseas	INJERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
NO	gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> PART II. OTHER SIGNIFICANT CONDITIONS.	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CERTIFICATI). (Enter nature of injury in Port I or Part II of	PERFORMED? YES NO D
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m., 19 While p. m. 19	_ Not while tac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that I attended the decease alive an # CHAN 3/ 19/	ed from 11/19 29,, and that death 13, Klss	accurred at THOM, from the ADDRESS (Street, c	
	PHYSICIAN'S NAME (Type) Milton B. Kres	s. M.D.	Milton Po	Kress
1	BURIAL, CREMATION, REMOVAL (Specify) 34 818 4 59	32c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
3.	funeral director's signature,	4186 dotesa	Blud. Q1 DATE 3 '59	246. REGISTRAR'S SIGNATURE CIVILINA S. Kraue

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death. Page 4

may be retained the haspital or attending physician.

2 FUNERAL DIR. OR: After this certificate has been signed by the attending physician and campletely filled in by the peral page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be

may be retained TO FUNERAL DIR

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the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ()()366

3.77	reg. Dist. 140.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Baltimore 27 11 Yrs	5/ Baltimore Halethorpe
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2722 Arbutus Road	d. STREET ADDRESS 2722 Arbutus Road e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) ROY DOTTER	SMITH OF DEATH January 30 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 8 AGE (In years 15 UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	March 22 1903 55 m
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stole or foreign country) Pa 12. CITIZEN OF WHAT COUNTRY?
Carpenter Ship Yard	Waynesboro Franklin Co USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward H. Smith	Mary Dotter
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes. og_or unknown] [If yes, give wer or dates of service]	INFORMANT Address
No 212-10-7619 (Carrie E Smith 2722 Arbutus Ave
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under: lying couse lost. [b] DUE TO (c)	Baltimore 27 Md. Interval Between onset and Death Turas.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH UTTO CONTRIBUTING CAUSE OF DEATH 200. ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 1 CAUSE OF DEATH UTTO CONTRIBUTING TO DEATH BUT OF CONTRIBUTING	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \text{ NO } \(\sum \text{ NO }
	ED. (Enter nature of injury in Port t or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 1	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) screet, office bldg., etc.)
21. I certify that I attended the deceased from June	27, 1958, to Jaw. 30, 1959, that I last saw the deceased
.//	occurred at 15PM, fram the causes and on the date stated above
ACTUAL SIGNATURE CONTINUED MOSSINGS	ADDRESS (Street, city or town, stole) DATE SIGNED M.D. 2436 Washington Blod /30/S
PHYSICIAN'S C. AKTHUR ROSSBERGA	1) Baltemine 30 Moryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 2/2/59 Rose Hill C	Demetery Hagerstown Wash. Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Andrew K Coffman Hamanahama Na	DATE FEB 2 '59 Civiling S. Kroud

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CERTIFICATE OF DEATH

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	3.75			Reg. Dis	t. No.
o. C	CE OF DEATH B altimore	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE) any las	b. COUNTY	e before admission)
b. C	CITY OR TOWN (If autside perperate limits, write URAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN AF outside	corporate limits, write RURAL and g	ive nearest town)
d. N	NAME OF HOSPITAL (If not in haspital, give street addres OR INSTITUTION	ause	d. STREET ADDRESS	beity Height	e. IS RESIDENCE ON A FARM? YES NO
	ME OF First EASED Annul	Middle 5		ATE S Month	Day Year J
S. SEX	emale White WIDOWED 12	DIVORCED	8. DATE OF BIRTH Opul-1874	(lost birthday) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
du	SUAL OCCUPATION (Give kind of work done) 10b. KIND rring most of working life, even if retired) AT	Some	Mussey	eign country) 12. CITI	ZEN OF WHAT COUNTRY
a	Paham Buman	/	14. MOTHER'S MAIDEN NAME	Barratt	
Yes, no.	S DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)	L SECURITY NO.	us Gred. Ome	2 - 2515 Julie	to Hts an
c	PART I. DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which are rise to immediate	(a), (b), and (c).] Lestal +1 Leoseler	iron posis		INTERVAL BETWEEN ONSET AND DEATH
co ly	DUE TO DUE TO Congression to the second of	BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL O	NISSASS CONDITION GIVEN IN PART	May 19 WAS AUTOPSY
CERTIFICATION 300 300 100 100 100 100 100 100 100 100	Pullmonia aced	acute l	uterites D. (Enter noture of injury in Port 1		PERFORMED? YES NO S
	ETHER, NOTIFY MEDICAL EXAMINER)	10W INJURI OCCURRE	D. (Enter hotore of injury in Port 1	at russ it of trem 16.7	
WEDICAL 20c	: TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. m. 19 While 1 at work C		ACE OF INJURY (Home, farm, 20) ctary, street, affice bldg., etc.)	f. (City or town) (C	ounty) (Stote)
	ive on 12.59	om _, ond that death	occurred ot 45° A.M.	from the couses and on the ESS (Street, city, or, toyn, state)	ost saw the decease e date stated above DATE SIGNE
SIG	TUAL FORMATURE FORMATURE	ieu	mo. 6708 Parl	k Heights Ave	, #15
NA	JUSICIAN'S NAME (Type) VONAS H. JURIAL, CREMATION, 1216. DATE THEREOF / 122c.	COHEN NAME OF CEMETERY O	B COUNTORY 74	Balto.	med.
12	wal (Specify) Jan 27/59	KOUNA	Cong 1	CATION (City, town, or county)	(State)
50	NEW PRINCE PRINCE - 1/8	ADDRESS 94 W.N.	otth DATE JAN 2	7 '59 246. REGISTRAR'S SIG	10

may be retained by the haspital ar attending physician.

O FUNERAL DISCOR: After this certificate has been signed by the attending physician and campletely filled in by the gneed director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained TO FUNERAL DIN VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained the haspital ar attending physician. TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and completely filled in by the upper structure page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	M
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OBO	may be retaine (the haspital ar attending physician. TO FUNERAL DIF (OR: After this certificate has been signed by the attending physician and compage 3 should the detached far use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	
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VS A15 (4) 15M 10/57

							Keg. Dist.	140.
1. PLACE OF DEATH			1	USUAL RESIDENCE (W	here deceased	lived. If institution	n: Residence b	pefore admission)
	Baltimore	MARY	LAND	Marvla	and	b. COUNTY	Ceci:	1
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, we secrest town)	rite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor	ote limits, write RU	RAL ond give	nearest town)
Fort How	ard	50 days		Elkto	on.	(7 X-	2
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Veterans	Administrat	ion Hospital		R.F.D.				YES NOT
3. NAME OF DECEASED (Type or print)	First CHARLI	Middle A.	STE	Losi ELE	4. DATE OF DEATH	Januar		Doy Yeor 19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE	ED B. D.	ATE OF BIRTH		9. AGE (In years lost birthdoy)		EAR IF UNDER 24 HRS.
Male	White w	DOWED DIVORCE	0 1	/28/77	37-11-1	81 yrs.	Months Do	ys Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stole	or foreign co	untry)	12. CITIZEI	OF WHAT COUNTRY
Coal Mir		Coal Mining		Carter Cou	intv. K	Centucky	U.S	Α.
13. FATHER'S NAME		1	14	MOTHER'S MAIDEN				
) Jan	es Steele			Louisanna	a McKin	ster		
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES		. 17. INFOR	MANT		Addre	55	
Yes	(If yes, give wor or dates of service SAW		Clin.	Records, Vet	ts.Adm.	Hospital	Ft.Ho	ward, Md.
18. CAUSE OF DE	ATH [Enter only one couse	per line for (o), (b), and (c).]					NTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	MYOCARDIAL	INFARC	TION				UNKNOWN
420.1	DUE TO							
Conditions, if a	ony, which } (b)							
gove rise to	mmediate Dus To							
couse (a), stating lying couse lost.	The under-							
	, (0)	ONS CONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 10	119. WAS AUTOPSY
3 CARCINOMA		NSIL AND GENE						PERFORMED?
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING (1) 206 (2) CAUSE OF DEATH (MEDICAL EXAMINER)	. DESCRIBE HOW INJURY O	CCURRED. (Er	iter noture of injury in	Port I or Port	Il of item 18.)		
		20d. INJURY OCCURRED	20e. PLACE (OF INJURY (Home, form	n, 20f. (City	or town)	(Coun	nty) (Stote)
20c. TIME OF INJUI Hour o. m.		While Not while	foctory,	street, office bldg., etc	:.)		(200)	(3.0.0)
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21. I centry i	dry dirended the de	ceased from pecent	nei T	, 19 <u>20</u> , 10 0 0	arruar y	<u> </u>	/High-H-lest	New Wie Gesease
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ACTUAL	the Martin					eet, city or town, st		DATE SIGNE
SIGNATURE	HINNY/		M.D.	VAH, FORT	HOWARI	MARYLA	ND	1/20/59
PHYSICIAN'S NAME (Type)	FACUL SALDAN	M.D.		VAH. FORT	HOWART	MARYTA	NTD	
220. BURIAL, CREMATIC	ON. 22b. DATE THEREOF	22c. NAME OF CEMI	ETERY OR CRI			ON (City, town, or		(Stote)
REMOVAL (Specify)	1/21/59	William	s Ceme	terv				
23. EUNERAL DIRECTOR	'S SUCCLATURE	AODRESS	S SAIAC		D BY REGISTR	acine, Wi	RAR'S SIGNA	TURE
RATOR HIC	Ks Funeral Ho	ome, Elkton, 1	Marvla		JAN 2 8		rthun &	1 .

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378 CERTIFICATE OF DEATH Rea. Dist. No. Eled with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND death. lerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) Ad STREET ADDRESS e. IS RESIDENCE Offi OR INSTITUTION ON A FARMY C YES NO T NAME OF First Middle DATE Month Day Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Hours DIVORCED T WIDOWED [7] papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oug after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician lizabel mave haurs WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 09 CAUSE OF DEATH | Enter only one cour per line far (o), (b), and s(c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO permit. Canditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying cause last PART ILOUTA ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) foctory, street, affice bldg., etc.) Day, Year 20d. INJURY OCCURRED (County) (State) o. m. % While Not while of work of work 21. I certify that I attended the deceased from ... that I last saw the deceased and that death occurred at M, fram the causes and on the date stated above. OR: ADDRESS (Street shauld ā the registrar TO FUNERAL 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burlai 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) arihun & Kraus DATE JAN 1 9 '59 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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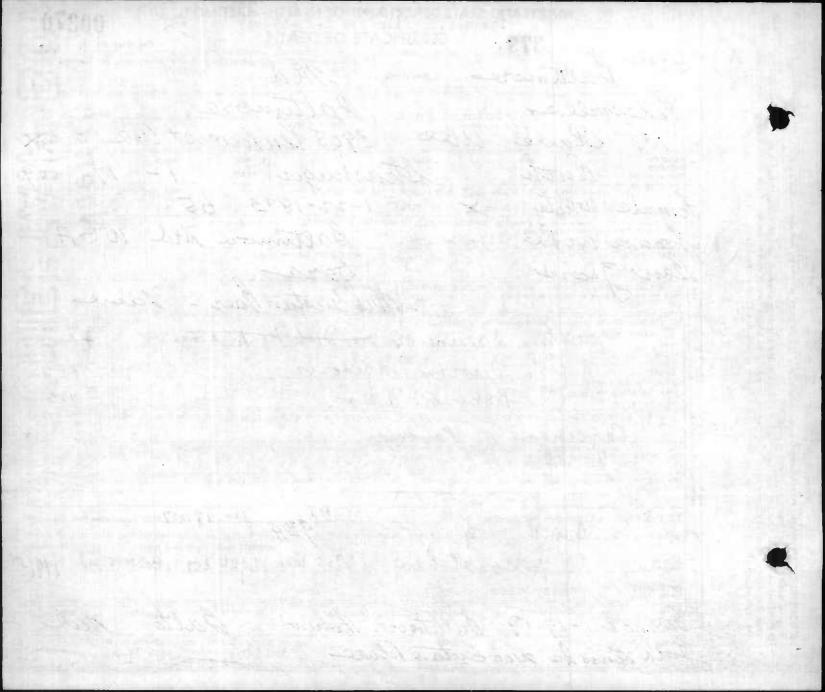
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3. NAME OF Type of print	RTIFICATE OF DEATH Reg. Dist. No.	MEDICAL EXAMINER'S	
d. NAME OF DECRASED G. DICCASED G. COLOR OR FACE G. COLOR OR	1/// 6 1///	o. COUNTY	1. PLACE OF I
3. NAME OF Type of print	12 611		b. CITY OR and give
DECEASED (Type or print) (Type or print) (S. SEK.	QN & FARM?	d. NAME OF HOSPITAL/OR INSTITUTION (IF not in respital, give street addless)	d. NAME O
10a. USUAL OCCUPATION (Give kind of ferk denie 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLAGE (State or foreign Gounts) 12. CITIZEN) by WHAT O during mess yet working life, even if refreed) 13. FATHER'S NAME 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLAGE (State or foreign Gounts) 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLAGE (State or foreign Gounts) 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 10b. KIND OF BUSINESS OR INDUSTRY 11. MOTHER SHANDER! NAME 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 10b. KIND OF BUSINESS OR INDUSTRY 11. MOTHER SHANDER! NAME 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 10b. KIND OF BUSINESS OR INDUSTRY 11. MOTHER SHANDER! NAME 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 10b. KIND OF BUSINESS OR INDUSTRY 11. MOTHER SHANDER! NAME 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN by WHAT OF ACCUPATION (Give kind of ferk denie 12. CITIZEN	The lost lost of the	DECEASED	DECEASED
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT] 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 10. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. 10. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 11. INFORMANT (a) Address (b) Conditions (c)	PV 7 1870 of Windows yes. Months Days Hours Min.	Tean While WIDOWED DIVORCED 6.	Yeu
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). 19. Cause of DEATH [Enter only one cause per line for (o), (b), and (c). 10. Conditions, if only, which gave rite to immediate cause (o), stating the underlying (c). 19. FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUT PERFORM YES. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 200. EXTERNAL CAUSE WAS CAUSE OF DEATH. 200. CTIME OF INJURY Month, Doy, Yeor While of work of work. 21. I certify that, I took charge of the remains described above, held an Autopsy Inspection Inquiry and in opinion death esulted from: Natural Causes Accident Suicide Hamicide Undetermined manner 22. DATE SIGN.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
18. CAUSE OF DEATH Enter only ane cause per line for (a), (b), and (c).	Galherine Sp. Stall	13. FATHER'S NAME Illean Cestricklan	13. FATHER'S
PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUT PERFORM YES N 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Yeor While of work of work foctory, street, office bldg., etc.) 21. I certify that, I took charge af the remains described above, held an Autopsy Inspection Inquiry and in opinion death esculted from: Natural Causes Accident A Show will be considered by the control of the c	Melce Same	(Yas, no. or unknown) (It yas, give war or dotes of service)	(Yes, no, or unkno
Conditions, if ony, which gave rise to immediate cause (a), steting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES N 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES N 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter, nature of injury in Part 1 ar Part II at item-18.) CAUSE OF DEATH. 201. TIME OF INJURY Month, Doy, Yeor While of work of work of work of work of work of work. 202. TIME OF INJURY Month, Doy, Yeor While of work of work of work of work of work. 203. I certify that, I took charge af the remains described above, held an Autopsy , Inspection , Inquiry , and it opinion death esulted from: Natural causes , Ascident , Suicide , Hamicide , Undetermined manner	ra's stoke Synd intervalent to orange	PART I. DEATH WAS CAUSED BY:	
Course lost Part II, Other Significant Conditions Contributing to Death But not related to the terminal disease Condition Given in Part I(o) 19. Was authorized to the terminal disease Condition Given in Part I(o) 19. Was authorized to the terminal disease Condition Given in Part I(o) 19. Was authorized to the terminal disease Condition Given in Part I(o) 19. Was authorized to the terminal disease Condition Given in Part I(o) 19. Was authorized to the terminal disease Condition Given in Part I(o) 19. Was authorized to the terminal disease Condition Given in Part I(o) 19. Was authorized to the terminal disease Condition Given in Part I(o) 19. Was authorized in Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 200. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 201. Injury Occurred. (Enternature of injury in Part I or Part II of item 18.) 202. External Cause Was 200. Describe How Injury Occurred. (Enternature of injury in Part I or Part I or Part II of item 18.) 203. External Cause Was 200. Describe How Injury Occurred.	clerosis I	Conditions, if ony, which) (b) Created	
PERFORM YES NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 at item-18.) 20c. TIME OF INJURY Month. Doy, Year While of work of work. 21. I certify that, I took charge af the remains described above, held an Autopsy , Inspection , Inquiry , and it opinion death esulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner		(a), stating the underlying DUE TO	(a), stati
20c. TIME OF INJURY Month, Doy, Year While Nor while of work of work of work 21. I certify that, I took charge af the remains described above, held an Autopsy , Inspection , Inquiry , and in opinion death esulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	PERFORMEQ?	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	CATION
21. I certify that I took charge af the remains described above, held an Autopsy . Inspection . Inquiry . and i opinion death esulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	ure of injury in Port 1 ar Part II of item-18.)		
opinion death fesulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	NJURY (Home, form, 20f. (City or town) (Certify) (State) et, office bldg., etc.)	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA While Nor while of work of work	ZOC. TIME
DATE SIGN			
SIGNATURE M.D. CHIEF MEDICAL EXAMINER	CHIEF MEDICAL EXAMINER	ACTUAL HOUR T, Kasek,	ACTUAL
2 EXAMINER'S FRANK. T. KASUK IR, DEPUTY MEDICAL EXAMINER 1/27/	12/1/		
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Store) PIKESUILLE, MD.	CEM, PIKESUILLE, MD.	BURYALISPECITY) Van, 29,1959 DRUID RID	
JUNE SUM SUM SONS TOUSON, WILL DATE SEN 3 0 59		John Burne Sons, Towson,	JOWN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MESUCAL EXAMINERUS CIRVIFICATE OF DERVIE

	381	CERTIFIC	ATE OF DEATH	Reg	p. Dist. No.
	PLACE OF DEATH O. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (Where dece	eased lived. If institution: Re b. COUNTY	rsidence before admission)
4	b. CITY OR TOWN (If outside corporate limits, write RUAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co	orporate limits, write RURAL	ond give nearest town)
4	d. NAME OF HOSPITAL (If not in hospital, give street of PUCS BURG H	ddress)	d. STREET ADDRESS 1810	N.Chap	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) LOUISIA	MARU S	BUCKERT 4. DAY	ATH HOM.	24 1959
L	F. WIDOWEI		Dec. 31, 1868	lost birthday) Man	NDER 1 YEAR IF UNDER 24 HRS. Oths Days Hours Min.
L	b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	None	BALTO 1	n country)	2. CITIZEN OF WHAT COUNTRY
L	GUSTAV. Weene	mann	14. MOTHER'S MAIDEN NAME	Beck	
15. Ye	s, no or unknown) (If yes, give wor or dates of service)	- K	ECOROS AUG	Home C	PAMPFIELD
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	terro Sel	Perotic Heart	Diseuse	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (b)	none ()	nonchely		Hys.
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	enhand Co	TO HOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOWINJURY OCCUR	ED. (Enter nature of injury in Part I ar	Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 While at work	Not while	PLACE OF INJURY (Hame, form, 20f. (octory, street, affice bldg., etc.)	City or town)	(County) (State)
	21. I certify that I attended the decease alive on 222 . 19 5 ACTUAL SIGNATURE Earl L. Chair PHYSICIAN'S Farl Li Chair NAME (Type)	-^		, , , ,	on the date stated above DATE SIGNED - My /- 24-5
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/27/59	22c SAME OF CEMETERY	OR EXEMATORY 22d. 19	GATION (City, town, or com	nty) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE 17. Heemann 6667	ADDRESS	PO PO DATE JAN 2.		S SIGNATURE

may be retained by the haspital ar attending physician.

TO FUNERAL DIN OR: After this certificate has been signed by the attending physician and completely filled in by uneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72-hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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CONTROL OF RELIGION, COST CONTROL OF RESIDENCE OF RESIDEN				
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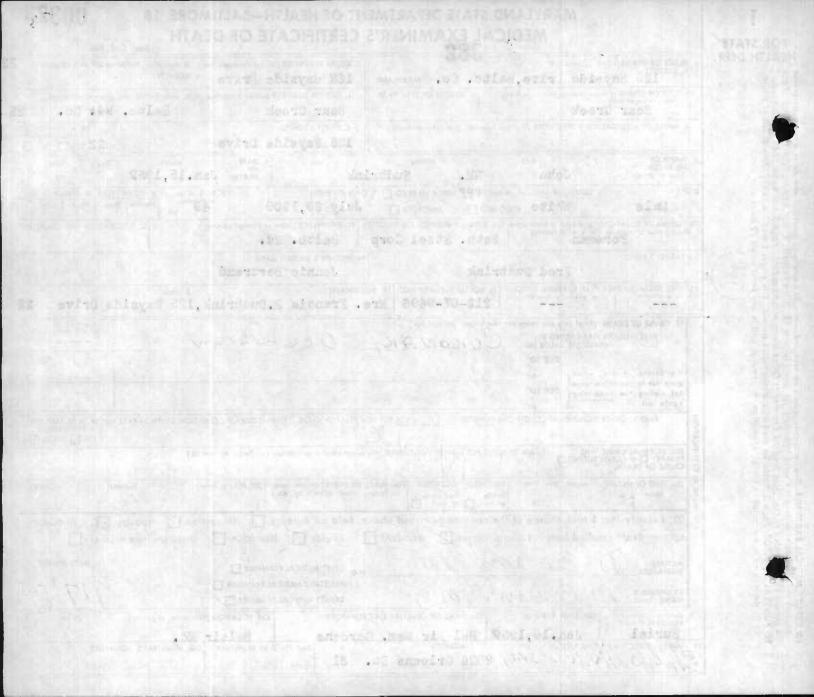
VS. A15ME 5M 2/57

B	1
FO	R ST
cuted within 24 hours after death. If any delay is necessary, please H a Item. 18. Give Pages 1, 2, and 3 to the funeral clar. Page 9 a death form PM3. Page 5 may be retained 1 dour files.	nsit permit. File pages I and 2 with the State Baord of Health, of, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

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B	01 - 10	382				Reg. Dist.	
. COUNTY Bay	vside Drive, E		2. USUAL RESIDENCE 125 TEBAYS:				before admission)
b. CITY OR TOWN (If and give nearest town) Bear (outside corporale timils, write HUR	c. LENGTH OF STAY IN	c. CITY OR TOWN	_		RURAL and gi	
d. NAME OF HOSPITA	L OR INSTITUTION (If no	t in hospital, give street address)	/d. STREET ADDRES		•		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John First	Middle Sud	brink	4. DATE OF DEATH	Jan. 15		Day Year
5. SEX	week, Ji.A.	MARRIED NEVER MARRIED DOWED DIVORCED	July 29,1		9. AGE (In years lost by block)	Months Day	EAR IF UNDER 24 HES
during most of working	N (Give kind of work done life, even if retired)	Beth. Steel Co			untry)	12. CITIZEN	OF WHAT COUNTR
13. FATHER'S NAME	Fred Sud	lbrink	14. MOTHER'S MAIDE Jennie	Bertran	d		
	R IN U. S. ARMED FORCES	1	Mrs. Francis	E.Sudbr	Address ink,125		Drive 2
Canditions, if an gove rise to immedia, storing the ucouse fost.	nderlying DUE TO	ONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIV	VEN IN PART 1(c	o) 19. WAS AUTOPSY
PART II. OTHI	SE WAS TRIBUTING []	ESCRIBE HOWINJURY OCCUPRED). (Enter nature of injury in	Part I or Part II o	of item 18.)		PERFORMED? YES NO P
20c. TIME OF INJUR' Hour e. m. p. m.	Y Month, Doy, Year	20d. INJURY OCCURRED 20e. While Nat while at wark at wark	PLACE OF INJURY (Hame, foctory, street, office bldg.,	form. 20f. (City etc.)	or fown)	(County)) (Slate)
opinion death r		the remoins described of urol couses [P. Accidental and Accidental	t [], Suicide [],	, Homicide		Inquiry	
EXAMINER'S NAME (Type)	n.B. DA	vis Mi	ASSISTANT MEDIC	DICAL EXAMINER CAL EXAMINER	<u> </u>		19/59
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Jan. 19, 19		Gardehs	Bela	ON (City, lown,		(State)
Philip &	HIWIGH Son	1 2024 Orleans	C4 23	JAN 1 9 '5		STRAR'S SIGNA	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	38	33	CERTI	FICA	TE OF DEA	ATH		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARY	LAND	2. USUAL RESIDENCE o. STATE	(Where deceo	sed lived. If institu b. COUNT		ence befo	re admiss	ion)
	f outside carporate lim	its, write	c. LENGTH OF STAY	IN 1b			porote limits, write	RURAL ond	give ne	prest town)
RURAL ond give ne			2 days		Balt	timore	3 V	01-	4		
	AL (If not in haspital,	give street			d. STREET ADDRE					e. IS RES	IDENCE FARM?
Veterans Ad	ministrati	on Ho	spital		2404 Az	nnor Co	urt				NO A
3. NAME OF DECEASED (Type or print)	Fi MT		Middle		SULLIVAN	4. DATE OF DEAT		onth 9	Do		Year 19 59
S. SEX	6. COLOR OR RACE	7. MARI	RIED 🕅 NEVER MARRIE	D B	DATE OF BIRTH	TO UN	9. AGE (In year			IF UNDE	
Male	White	WIDOW	ED DIVORCE		3/25/187	7	last birthday		Days	Hours	Min.
00. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Stote or foreign	country)	12.CI	TIZEN OI	WHATC	OUNTRY
Guard	ang life, even it refired		cke Insulat	tor	Wilkes-	-Barre.	Pa.		U.S.	A.	
3. FATHER'S NAME					14. MOTHER'S MAIL						
George	Sullivan				Barbar	ra MN	: Unknow	m			
5. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. IN	FORMANT		Ac	dress			
Yes. no. or unknown)	(If yes, give war or dates of SAW		nknown	Clir	.Records	Tets Ad	m. Hosnita	T.Ft.	Ноша	rd M	d.
			ne for (o), (b), and (c).			00001100	TELEGOPI OC			ERVAL BE	
	TH WAS CAUSED BY:	777			ND GONGDO	TTAN			ONS	ET AND	DEATH
422.1	IMMEDIATE CAUSE (-	LMONARY ED	SMA 8	ND CONGES!	LTON			3	Day:	5
Conditions, if or gove rise to it cause (o), stating lying couse last.	mmediote (ERTOSCLERO	ric c	ARDIO-VAS	CULAR D	ISEASE		U	nknor	wn_
CATIO	IER SIGNIFICANT COM	iditions (CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE	TERMINAL DISE	ase condition o	IVEN IN PA	RT 1(a) 1	PERFO	AUTOPS)
(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injur	ry in Port I or P	Port II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Ye	While	NJURY OCCURRED Nat while k ot wark		CE OF INJURY (Home, ory, street, office bldg		ity or town)		(County)		(State
21. I certify th	atXI aftended the	deceas	ed from Januar	ry 7	19.59, ta	Januar	v 9 1959	, CHEXIXING	MOX CASA	90/6/04	NO DESE
			2000, and that			30AM, from		and on th		stated	
SIGNATURE	Was as	Pu	1	M	D. VAH. FO	ORT HOW	ARD, MARY	LAND		1/10	159
BUYEICIANIE	HIEN WEI L	AN, M	.D.				ARD, MARY				
220. BURIAL, CREMATIO	N, 22b. DATE THERE	OF .	22c. NAME OF CEME	TERY OR			ATION (City, town			(Stot	e)
REMOVAL (Specify)	1-16-	59	Baltimore	-		1.				and	
23. FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS	S GILLE		REC'D BY REG	Baltimo	GISTRAR'S S		RE	
Wm.Cook-Bli		OO Ha		21+0	1 - 1 - 1			BATTANA .			
WILL COOK -DIT	Ento Trice CO	0) 110	TTOIG DU D	a.r. 00	L'BA DAT	E JAN 1 6	23				

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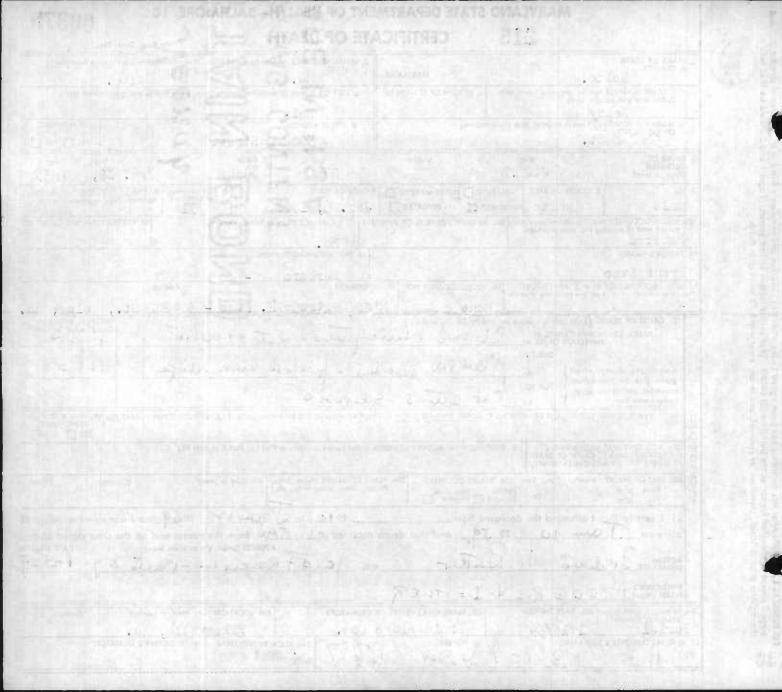
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY B	alto.		MARYLAND	II O STATE	Md.	ere deceased	lived. If instituti b. COUNTY	on: Resider		re odmissi	ion)
RURAL ond give	elay		LENGTH OF STAY IN 16	6. CITY OF	Relay	utside corpor	ote limits, write R	URAL ond	give neo	irest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, g	ive street odd	ress)	d. STREET		D Stre	et	, GE			DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	JOS		Middle	SV	ost EC	4. DATE OF DEATH	Mor	Jan.	Do:	•	ear 9 59
5. SEX male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	Jan. 6	, 1 868		9. AGE (In years last birthday) 91 yrs.	Months	Doys Doys	Hours Hours	R 24 HRS. Min.
100. USUAL OCCUPA during most of w Retired	TION (Give kind of work of orking life, even if retired)	lone 10b. KIN	ID OF BUSINESS OR INC	DUSTRY 11. BIRTH	PLACE (Stote	or foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME Frank Sve	ЭС				's MAIDEN N	AME					
15. WAS DECEASED E (Yes, no or unknown)	VER IN U. S. ARMED FOR	TES? 16. SOC (rvice) 16. SOC		INFORMANT		I. Sve	Add	D St	. 1	Relay	r Ma
	g the under-	Clar	or (o), (b), and (c).]	edent of	o - oci	ate Ex	nurhogi	~	INTE	ET AND	DEATH
PART II. C	THER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH B			NAL DISEASE	CONDITION GIV	'EN IN PAR	T 1(o) 1	PERFO	NUTOPSY RMED?
3 20c. TIME OF INJ	NG LI CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Yea	r 20d. INJUI		PLACE OF INJURY	(Home, form,	20f. (City		(County)		(Stote)
	. 19		of work	foctory, street, offi				,			
alive an	that I attended the Tau to	_, 19_50	from. f, and that dea			M, fram	eet, city or town,	ind an t		e state	
PHYSICIAN'S NAME (Type)	REDER.	L V. I	SEITLE?					1			
220. BURIAL, CREMAT REMOVAL (Specif Burial		22	Druid Rids				ON (City, town, c			(Stote	:)
23. FUNERAL DIRECTO	or's SIGNATURE	14	Sous : la	acto 17	24a. REC'E	BY REGISTR	AR 24b. REGI		GNATUR	IE	
V				nu							



FOR STATE HEALTH DEPT. or. r files. Health, ary, please or. Page

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 shauld be fact ded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar ar its designated agent, prior to burial, cremotion, or remayal, and in any event within 72 hours after death.

VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

301 Trei	I LITHRES	1 1 7 7 7 7 6 0	,	Keg, Dist. N	0.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V		f institution Residence b	efore admission)
b. CITY OR TOWN It outside corporate limits, write RURAL ond give reparest town) Catonsville	Life		outside corporate limit	s, write RURAL and give	nearest fown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, 6 Roberts Ave	give street address)	d. STREET ADDRESS /6 Roberts	Ave		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First William William	Middle Taylo:	Lost	4. DATE OF DEATH Jany	Mrsh. 2. L959	
5. SEX Male 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED WIDOWED	NEVER MARRIED 8.	DATE OF BIRTH	188 7 AGE to	years IF UNDER TYEAT	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTH/LACE (Stote	or foreign country)	12. CITIZEN	Sa
13. FATHER'S NAME Mlliam Fa	iln	14. MOTHER'S MAIDEN	Lann	- ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCY (Ites, no, or unknown) (It yes, give wor or dates of rervice)	L SECURITY NO. 17. IN	there &	Hardey	Address Rob	ects an
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Conditions, if any, which (b) DUE TO DUE TO Column (c)	a Cardiac fa	rio sclerosi	s	disease	SET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	BUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	V INJURY OCCURRED. (Er	ter noture of injury in Por	t 1 or Part II of item 18.		
20c. TIME OF INJURY Month, Doy, Yeor 20d, INJUR Hour o. m. While of work	Not while factor	E OF INJURY (Home, form ry, street, office bldg., etc.	n. 20f. (City or town)	(County)	(State)
21. I certify that I took charge of the remainder opinion death resulted from: Natural cause ACTUAL LESIGNATURE			Homicide	n	
EXAMINER'S Geo. S. M. Kieffe	r M.D.	ASSISTANT MEDIC DEPUTY MEDICAL		Jan. 2,	1959
Burial 1-6-59 We	estern Sta		Catonsvi	town, or county)	(Stote) Md.
22 FUNERAL DIRECTOR'S SIGNATURE MATTILLIAN CA FLAME	Ley Bill	240. REC' DATE		arthur S. Kra	

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		The same of		
				DATE OF THE STREET
	NA TEST			
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OR STATE HEALTH DEPT.

on please for files.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is now execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be 1. Since A should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event, within 272 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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17	1	}4	1)
 0 .			0

Items Id & 2d, Film	G-238 2/9/59 cac Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Death	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore 383 MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
Towson	55 Towson
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 20 Cedar Avenue e. IS RESIDENCE
574/Virginia/Nygnue 20 Cedar Avenue	15V4 thingshid Avohue YES NO IN
3. NAME OF DECEASED (Type or print) Adverse Face (Type or print)	Thomas DEATH Sanuary 29 19.59
	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	March 12, 1897 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	
Central Repairman- ret. C.&P. Telephone C	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Thomas	Carrie Steiber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
Yes WW I 212-03-6942 E1	izabeth Thomas, 20 Cedar Ave., Towson, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO DUE TO (c) 1/05	y Occlusion Sudden in Cardio-Renal cular Disease 540
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(d) 15. WAS AUTOPSY PERFORMED? YES NO
	nter nature of injury in Parl 1 or Port II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or lown) (County) (Slote) bry, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural couses . Accident	, Suicide , Homicide , Undetermined manner
ACTUAL MY ASSOCIATION OR AND PROPERTY PA	CHIEF MEDICAL EXAMINER
SIGNATURE CHARLES / OF VERLEY	_ M.D ASSISTANT MEDICAL EXAMINER [7]
EXAMINER'S / DONNE	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, fown, or county) (Slote)
Burial Feb. 2,1959 Prospect Hill	Cemetery Towson, Maryland
29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MU	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE EB 4 '59 Cuthus S. Kraus

HTABO RO BEADERFERE CHRISTIAN AND LADICIME The color of the color THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. The state of the s Charles of the Control of the Contro

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 tems 18-21 Film 237EDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY files. Health, MARYLAND Maryland b. CITY OR TOWN Ilt autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negres! lown 40 7Yrs.9 Mos. Owings Mills Baltimore 30 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS State Training School York Street State death. retaine 3. NAME OF 4. DATE Lost DECEASED OF (Type or print) /lenn DEATH no mas 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 5. SEX WIDOWED DIVORCED [white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) age during most of working life, even if retired) none Maryland within 24 haurs after m, 18. Give Pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pog James Thomas Lucy Owens form File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Lucy Thomas, 43 East York Street none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), along PART I. DEATH WAS CAUSED BY: Laryngotracheobronchitis IMMEDIATE CAUSE (o) burial-transit Office DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying 0 couse last. pending cal Exam 000 PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY esed Proge 3 should be ase Injury of Neck 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Kicked by inmate writing the water to the to the Chief I Page 3 should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not while of work of work School-Rosewood 21. I certify that I took charge of the remains described above, held on Autopsy X. Inspection , DIRECTOR orded opinion deoth resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined monner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

William Cook, Inc., 1217 St. Paul Street

Mt. Olivet Cemetery

Rea. Dist. No. e. IS RESIDENCE ON A FARM? YES NO TO Year 1959 IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO [(County) (State) Baltimore Md. Inquiry X ond in my DATE SIGNED 22d. LOCATION (City, town, or county) (Stote)

b. COUNTY

Month

9. AGE lin years

last birthday)

Baltimore

246. REGISTRAR'S SIGNATURE

Orthun S. Traus

24o, REC'D BY REGISTRAR

DATE JAN 6

VS. A15ME 5M 2/57

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REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Comment of not seen a comment of the comment of the

25 ATZ 16050 17/90 POULDE

MARYLAND	STATE DEPARTMENT OF HEALTH-BA	LTIMORE,	18
216	CERTIFICATE OF DEATH		

CERTIFICATE OF DEATH

00378

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE Md. Bal	fare admission) Ltime
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4136 Wilkens Ave	d. STREET ADDRESS 4136 Wilkens Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHARLES E THOMPSON	Lost 4. DATE Month D OF DEATH January 9,	Year 19 59
5. SEX Male 6. COLOR OR RACE White Widowed Divorced Divorced	B. DATE OF BIRTH Oct.21.1883 9. AGE (In years IF UNDER 1 YEA Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Produce Dealer	Baltimore	OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
W1111am Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN.	Anna Baetzel	•
(fer. no. or unknown) (it yes, grander of service) 214 05 3209	Esther M Taylor 4136 Wilkens	A Rec
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying cause last.		TERVAL BETWEEN
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	100	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County street, office bldg., etc.)	(Stote)
21. I certify that I attended the deceased from June alive on 1959, and that death	occurred at 9 A M, from the causes and an the do ADDRESS (Street, city or town, stole) M.D. 4508 Education Village	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL 1/12/59 Loudon P		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWARD H. Hubbard 4107 W11kens A	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU	JRE

TO HOSPITALY may be retai VS A15 (4) 1SM 10/57

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		Married and American	aming to provide the T
tagee Ma.		2/59 Louden Ta	
		of anexists fold bear	MONEY DIEWOLL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No. b. COUNTY HARFORM

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM?

YES NO T

1959 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months

12. CITIZEN OF WHAT COUNTRY

STANSBURY

Hospital Records, Mt. Wilson State Hospital

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO I

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

(County) (State)

1 - 11 195 9 that I last saw the deceased

___, and that death occurred at 8.15P. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county) (State) Belair. Marvland

24b. REGISTRAR'S SIGNATURE arthur 8 fr

1SM 10/57

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Telephone Comme				
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deoth: Page 4

Pages 1 and 2 should be filed with

the attending physicion and completely filled in by

page 3 should be detached for use os the burial-transit permit. Then please remove carbon paper the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death.

by the hospital or attending physician.

may be retained TO FUNERAL DIR

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

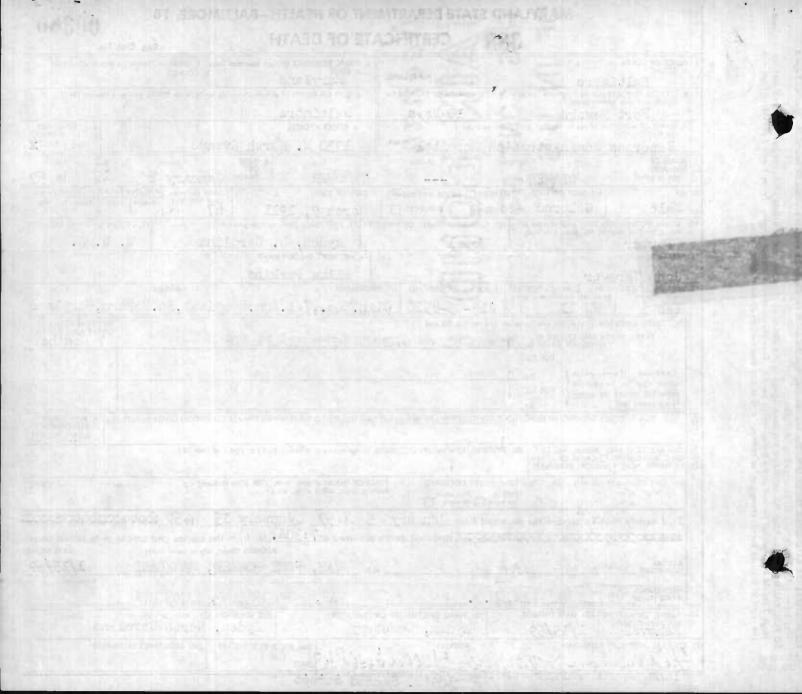
M

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00380

Reg. Dist. No.

1. PLACE OF DEATH						DENCE (WI	nere deceased	l lived. If instituti	on- Residence	before adr	nission)
a. COUNTY Balti	more		MAI	RYLAND	o. STATE	vland		b. COUNTY			
	f autside carporate limi	ls, write	c. LENGTH OF STA	Y IN 1b			outside carpor	rate limits, write R	URAL and giv	re nearest t	own)
	Howard	K.A.	10 Day	S	Balti	imore			3 VO	1-4	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	jive street	oddress)		d. STREET A	ADDRESS				e. IS	RESIDENCE N A FARM?
	Administr	ation	Hospital	1	1930	W. No	orth A	venue			NO D
3. NAME OF DECEASED	Fir	st	Midd	lle	Los	s†	4. DATE	Mon	th	Day	Yeor
(Type or print)	CLAREN	CE			THROWE	2	OF DEATH	January	also I	15	19 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARI	RIED	B. DATE OF BIRT	Н		9. AGE (In years	IF UNDER 1	YEAR IF U	NDER 24 HRS.
Male	Colored	WIDOW			March 9	9. 19:	-	lost birthdoy) 17 yrs.	Months D	lays Hou	ors Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	TRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Porter	ting the, even it lethed	'	Hotel		Avde	en. N.	. Caro	lina	U.	S. A	
13. FATHER'S NAME					14. MOTHER'S						•
John Thro	T.T.A.Y				Eliza	a Perl	cins				
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY N	O. 17. H	VFORMANT		- POLICE AND	Add	ress		
	(If yes, give war or dates of s	ervice)	215-05-852		in Boo	Wat .	Adm Ho	spital,F		nd Ma	bacland
Yes	WW II				Tilenec.	, veu.	ACIII. IIO	Shirner 3r.	U. HOWA		
	TH [Enter only one co	use per lu	ne far (a), (b), and (c	c).]						ONSET A	BETWEEN ND DEATH
TART I. DEA	IMMEDIATE CAUSE (a	CAR	CINOMA OF	STOM	ACH WITH	H META	STASIS	5		7 Mc	onths
151X	DUE TO										
Conditions, if a	, 10)									
gave rise to i											
lying cause last.) (c)									
Z PART II. OTH	HER SIGNIFICANT CON		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19. W/	AS AUTOPSY
PART II. OTH											RFORMED?
20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE). (Enter nature o	of injury in I	Part I or Part	II of item 18.)		100.	
	Y Month, Day, Yes	- 001 11	LIVING OCCUPANT	20. 0	CE OF HUNDY		last in				
20c. TIME OF INJUR Hour a. m. p. m.	TT A	While at war	NJURY OCCURRED Not while at work	fac	CE OF INJURY (I tory, street, office	nome, farm e bldg., etc.	.) 20f. (City .)	or town)	(Cou	unty)	(Stole)
21. I certify th	at attended the	decens	ed from Janu	arv	5 , 19.59	in Jai	nuarv	15 1059	JAPEN PARK	XXXXXX	0000000
											ie decease
		7	prosper and mo	n dedin	accurred at			reet, city or town,		date st	DATE SIGNE
ACTUAL	Will this	2.			37 A TT					7	17 / / /CO
SIGNATURE	out of	tel	<u> </u>		A.D. VAII	, FOR	r HOWA	RD, MARY	TWIND		72/27
PHYSICIAN'S NAME (Type) C	HIEN WET LA	AN, M	.D.		VAH,	FORT	HOWA	RD, MARYI	AND		
220. BURIAL, CREMATIO REMOVAL (Specify) Removal	1/15/59)F	Ayden,					n, North			itote)
23. FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS	7	. 7	24a. REC'S	D BY REGISTI		STRAR'S SIGN	IATURE	
T. Kanza	you to	BUL	ev- the	enco	THE 16	DATE	N 1 9 '59	Cir	ing 8. 11	Taus	
Flanagan a	ind Parker	Fune	ral Home,	reem	ond Str	eet -					
			109 1	1. 000	POTTO - OT						



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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest town) Fort Howard	c. LENGTH OF STAY IN 16		outside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give or INSTITUTION Veterans Administra		d. STREET ADDRESS	wood Avenue	e. IS RESIDENCE ON A FARM2 YES NO
3. NAME OF First DECEASED (Type or print) AARON	Middle	TILLER	4. DATE Mon OF Januar	50
Male Colored WI	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH February 15,		tFUNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Foreman 13. FATHER'S NAME 	Building Constr		Anne Co, Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.
William Tiller 15. WAS DECEASEDEVER IN U. S. ARMED FORCES		Mary Jane W	Nhite Addr	ess
Yes. no. or unknown) Yes (If yes, give war ar dates of service) I) c	lin.Rec.,Vet.	Adm. Hospital, F	t. Howard, Marylan
Conditions, if any, which gave rise to immediate cause (a), storing the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITION Pulmonary embolism, it	ONS CONTRIBUTING TO DEATH BUT DILETER DESCRIBE HOW INJURY OCCURRE			3 / WEEKS EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES XX NO
20c. TIME OF INJURY Month, Day, Year 2	20d. INJURY OCCURRED 20e. PL While Not while for work of two the control of two	ACE OF INJURY (Home, farm ctory, street, affice bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify that attended the de supplement of the description of th	A. M.D.	M.D. VAH, FORT	P.M. from the causes and ADDRESS (Street, city or town, HOWARD, MARYING HOWARD, MD.	and an the date stated above state) DATE SIGNE 1/19/55
220. BURIAL CREMATION, 22b. DATE THEREOF BRENDYA (Specify) 22 23. FUNERAL DIRECTOR'S STONATURE	22c. NAME OF CEMETERY OF Baltimore Nat	cional Cem	Baltimore, Ma	aryland (State)
Charles A. Rice	661 W. Barre S Baltimore 30.	V. 111		out S. Kraus

eral director,

page 3 should be actached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar removal, and in any event within 72 haugs-after death. the haspital ar attending physician.

R: After this certificate has been

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR A may be relained to FUNERAL DINE VS A15 (4) 1SM 10/S7

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CERTIFICATE OF DEATH 200

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. 331	CERTIFICATE C	I DEATH	Reg.	Dist. No.
1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND 2. USUA o. STA	RESIDENCE (Where decease) ARYLAN	_ b. COUNTY	idence before odmission)
DIIDAL and nive negest town?	HOFSTAY IN 16 C. CIT	Y OR TOWN (If outside corp	SPRING	and give nearest town) V
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MASONLC HOME	d. STI	REET ADDRESS		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SAMUEL C	Middle USHWA7	ROUPE DEATH	Month /	Day Yeor 14 19 5 9.
5. SEX 6. COLOR OR RACE 7. MARRIED NE WIDOWED	VER MARRIED 8. DATE O	- 3-1904	9. AGE (In years left UNI Montl 54 yrs.	DER 1 YEAR IF UNDER 24 HRS. bs Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8 during most of working life, even if retired)		IRTHPLACE (State or foreign MARYLAX		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MO	THER'S MAIDEN NAME		
SAMUEL TROUPE	F	ORENCE	GERTRU	DE BREWEI
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (II yes, give wor or dates of service)	tree	M. L. Amit.	Lt. Cock	equille ma
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.	Dolera	ui.		6 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	V INJURY OCCURRED. (Enter no	oture of injury in Port I or Po	ort II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC While Not work of work of work	while factory, street	JURY (Home, farm, , office bldg., etc.)	ty or town)	(County) (State)
21. I certify that I attended the deceased fram alive an				t I last saw the deceased the date stated above PATE SIGNED
REMOVAL (Specify)	ME OF CEMETERY OR CREMATO Paul's Cemete		ATION (City, town, or country Spring, M	
23. FUNERAL DIRECTOR'S SIGNATURE ADDITION No. Cook, Inc., 1217 St. Paul		240. REC'D BY REGI		S. Frank

may be retained by the haspital or attending physician.

TO FUNERAL DIFFICAL STATE this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbom-papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY 5 MARYLAND urial. Poge b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Drior ON A FARM? YES NO registrar NAME OF Middle 4. DATE Month Day funerol Your Year DECEASED OF (Type or print) DEATH 19 for 5. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. Months Min. WIDOWED | DIVORCED [YES. 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? C during most of working life, even if retired) puo puo pe off 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME pages Poges in Page ! 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH executed 00 PART I, DEATH WAS CAUSED BY: per with form 0 M14. IMMEDIATE CAUSE (a) olang with fa burial-tronsit 420. DUE TO Conditions, if any, which (b) in pencil gave rise to immediate cause DUE TO (a), stating the underlying cause lost. pending' in iner's Office o 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 00 PERFORMED? used YES | NO [CERTIFIC 20g. EXTERNAL CAUSE WAS PRIMARY | gr CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) pe Exomi MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED EXAMINER: 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur Medicol While Not while 0. m 3 at work at work writing 21. I certify that I took charge of the remains described above, held on Autopsy [Inspection Inquiry 7, and find that ECTOR: deoth resulted from: Natural couses/ Accident Suicide . Hamicide , Undetermined cause S MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL PUNERAL ASSISTANT MEDICAL EXAMINER Cel removo O DEPUTY **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER A 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) 5 REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SM 9/55

To the state of			

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necessary, please Health, Jo

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

00384

		Item	7 FilmG238 2-	4-59 et		Re	g. Dist. No	.	
1.	PLACE OF DEATH	392		2. USUAL RESIDENCE (Where deceased lived	. If institution: I	Residence be	fare admi	ssion)
	o. COUNTY	Baltimbre	MARYLAND	o. STATE		b. COUNTY			
	b. CITY OR TOWN (If outside		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate li	mits, write RURA	ond give n	earest lo	wn)
	and give nearest town]	with an end on		V					
-		OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS	ton				ESIDENCE
		ck Road		607 31	1 1 51			YES	A FARM?
3.	NAME OF	First	Middle	Lost	Wick Rd	Month	Doy	_Y	egr In
	DECEASED (Type or print)		tter		OF DEATH		_	1	259
5.				DATE OF BIRTH	28. 1894 b	In years IFUN	IDER TYEAR	IF UND	ER-ZATIRS
	F	WIDOWE	Married	Jan.	28, 18946	rihday) Man	ths Days	Hours	Min.
10	o. USUAL OCCUPATION (C	Give kind of work done 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign country)	4	CITIZEN O	F WHAT	COUNTRY
	during most of working life	e, even if retired)							
12	House FATHER'S NAME	Wile	Home	14. MOTHER'S MAIDEN	rmany		U.S	• A	
13				14. MOTHER S MAIDEN	NAME				
10	Friedric			Christi	ne Koch				
12	. WAS DECEASED EVER IN	s, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
-			Wa	lter Vetter	623 Warwi	ck Rd.			
		Enter only one couse per line	for (o), (b), ond (c).]				INTE	EVAL BETWE	EN ATH
	PART I, DEATH W	AS CAUSED BY: EDIATE CAUSE (o)	Coronary Throm	hosis					
	260X	DUE TO							
	Conditions, if ony,		pertensive Car	dio recorde	n d:				
	gove rise to immediate	couse Duc 30	Diabetes Me		r ulsease				
	(o), stoting the under	riying	Diabetes Me	ellitus					
z		(c)	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE COND	ITION GIVEN IN	PART I(a)	O WAS	ALITOPSY
CERTIFICATION	TARE III. OTTICAL							PERFO	RMED?
2	DO EXTERNAL CAUSE V	LOW DESCRIPTION	THOW IN HUBY OCCURATOR IT					YES [NO []
ERTH	20g. EXTERNAL CAUSE V PRIMARY Or CONTRIB CAUSE OF DEATH.	BUTING [] 206. DESCRIBI	E HOW INJURY OCCURRED. (En	iter noture of injury in Fe	ert I or Part II at item	18.)			
MEDICAL	20c. TIME OF INJURY	Manth, Day, Year 20d. I	(acta	E OF INJURY (Home, for ry, street, affice bldg., et-	m. 20f. (City or law))	(County)		(State)
ME	Hour a.m.		e Nat while						
	21. I certify that	I took charge of the	remains described abav	e, held an Autop	sy , Inspect	ion 12, In	quiry [7]	, an	d in my
	oninion death resu	ilted from . Natural a	couses []. Accident	7. Suicide 7.	Homicide ,	Undetermin	ed monne		
	1	1 1- 11	7/		, , , , , , , , , , , , , , , , , , ,	Onderennin	ed monni		
	ACTUAL 1	e/mir	11001	CHIEF MEDICAL	YAMINED [7]			DATE S	IGNED
	SIGNATURE	-11111111111111111111111111111111111111	777	_M.U.	CAL EXAMINER				
	EXAMINER'S		110						
	NAME (Type)		effer M.D.	DEPUTY MEDICAL		Jar		1959	
22	REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (C	- du		(State	b }
	Burial	1-26-59	Garden of Fai	.th	Baltim	ore Cou	inty,	rid.	
23	FUNERAL DIRECTOR'S SIG	GNATURE	ADDRESS	240. REC	D BY REGISTRAR	24b. REGISTRAR	S SIGNATU	RE	
	H. H. Hubbard	. 4107 Wilker	s Ave Balto	. Md. DATERY	100 50	771 -	02		

DATE N 2 6 '59

Called & Kings

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necess execute the celtificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be (anded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to Funeral Directors: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board ar its designated agent, prior to burial, cremotian, ar remaral, and in any eyent within 72 hours after death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

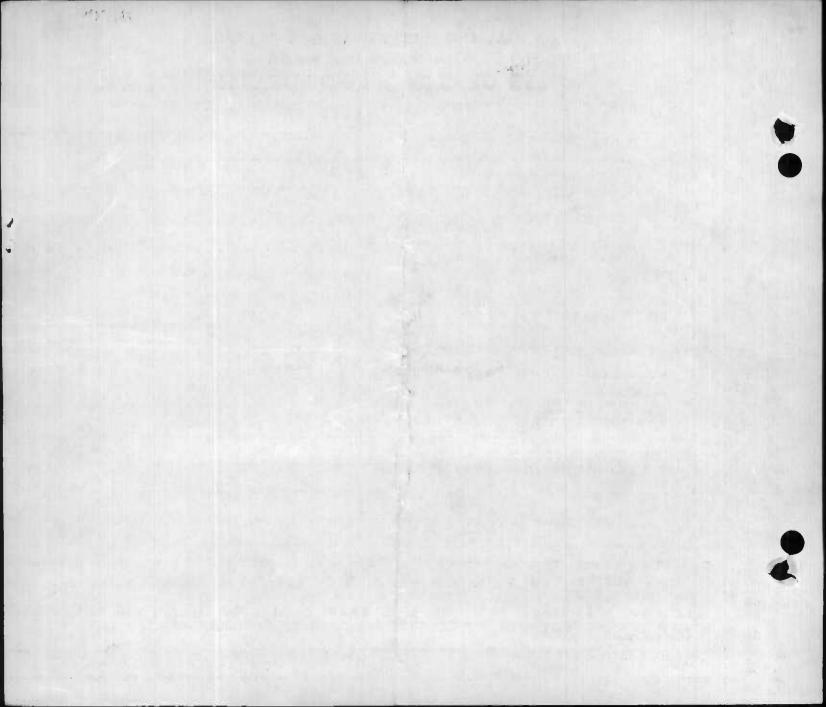
393 CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH.	The state of the s	
	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) (in this place) TOWN	Y TOWN Rural Overley	25-1-25 10 11 17
HOSPITAL OR INSTITUTION OR 75%7 Beloer Boad	STREET (If rural, give location)	
NAME OF DECEASED (First) Corace (Middle)	(Last) 4. DATE (Month) OF DEATH Jun	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mary of	S. PATE OF BIRTH 9. AGE last hirthday If under I Worth yru. Months	year II under 24 hn Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A CLEAN ON	Balt and	CITIZEN OF WHAT
13. FATHER'S MAME	14. MOTHER'S MAIDEN NAME	1
15. Was Deckased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, of unknown) (If yes, give war or dates of 2/9-09-7353)	Lorally & Witch 7929 belan	in Brad 6
18. MEDICAL CE	RTIFICATION	7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0.0	INTERVAL BETWEEN ONSET AND DEATH
169 X Immediate cause (a) Carcurama.	of Jeens	b won.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	V	***************************************
stating the underlying cause last (c) (c)		
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY?
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ISa. DATE OF OPERATION ISb. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	20. AUTOPSY? Yes No (STATE)
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While of Not While of Not Work At work INJURY 100 10	HOW DID INJURY OCCUR?	Yes No (STATE)
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY INJURY OCCURRED OF INJURY INJURY OCCURRED OF INJURY OCCURRED OCCU	How did injury occur? (1947, to 47, to 1959, that I last sa	Yes No (STATE)
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION	How did injury occur? (1947, to 47, to 1959, that I last sa	Yes No (STATE)
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of INJURY 22. I hereby certify that I attended the deceased from At work alive on 19	How DID INJURY OCCUR? 19.47 to Jew 26, 19.59, that I last sa ADDRESS Below 80. Beelow b.	Yes No (STATE) We the deceased ated above. PATE SIGNED
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on the sign and that death occurred at SIGNATURE (Degree or title)	HOW DID INJURY OCCUR? 19.47 to 19.59, that I last sa ADDRESS 3.2 Belaci RD Beelo's bel RY OR CREMATORY LOCATION (City, town, or county)	Yes No (STATE) We the deceased ated above. PATE SIGNED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR

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MARYLAND	STATE	DEPARTM	ENT OF	HEALTH-	BALTIMOR	E, 18
MEDIC	AL EX	AMINER'	S CERT	IFICATE	OF DEAT	H

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Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND Maryland Raltimore b. CITY OR TOWN (Il outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Sparrow Point Dundalk 22 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Bethlehem Steel Hospital 1301 Beithlehem Ave YES NO NAME OF First . Middle DATE Month Day Year DECEASED OF (Type or print) Jesse DEATH Wanek 10 1959 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED T DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Sparrows Point Md Millwright Stee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian Wanek Catherine Plonk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address -017637Trene Wanek I30I Bethlehem Ave 2T6 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Crushed right chest IMMEDIATE CAUSE (o) Fracture skull. DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NOX 20g. EXTERNAL CAUSE WAS PRIMARY STOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Crushed between a bracket and a hoist saddle WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) While Not while at work 2 Hour a.m. Beth. Steel Co. Baltimore County Sparrow Point 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], and find that Accident X death resulted fram: Natural causes ... Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER]-]0-59 Davis 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE G. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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MARKIANO STATE DEPARTMENT OF HEALTH-DALTIMERE, VE.

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	Kirk.			

VS A15 (4) 15M 9/55 00387

395 CERTIFICATE OF DEATH

Reg. Dist. No.

	000						Nogi olini it	•	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryl:		ived. If institution b. COUNTY	n: Residence be	fore admiss	sion)
RURAL and give n	If outside corporate limits, vecrest town)		OF STAY IN 16	c. CITY OR TOWN (IF		te limits, write RU	JRAL and give n	earest town	n)
	TAL (If not in hospital, give			d. STREET ADDRESS	ames Apa	rtments	0,4		FARM?
3. NAME OF DECEASED (Type or print)	Fint Franc	es	Middle	Warnecke	4. DATE OF DEATH	Mont Jan		a'	Yeor 19 59
5. SEX Remale	6. COLOR OR RACE 7.	MARRIED NEV	ER MARRIED DIVORCED	B. DATE OF BIRTH	4 1 1 1 1 1 1	AGE (In years lost birthdoy) 70 yrs.	Months Doys		ER 24 HRS. Min.
10a. USUAL OCCUPATION		10b. KIND OF BL	JSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stot		ntry)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME	harles Warne	cke		14. MOTHER'S MAIDEN Jane	NAME Callag	her			
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service	? 16. SOCIAL SEC		informant	R.S.M	Addr 5400 Bel		е	
Conditions, if c gove rise to i couse (o), stating lying couse lost.	mmediate DUE TO	Arterios	c krotic	Cardio - Vascu	ar Dis	Hypki iease n	nth "	6	115
САТІС	HER SIGNIFICANT CONDITI			T NOT RELATED TO THE TERM			EN IN PART 1(a)	PERFC	AUTOPSY ORMED?
	AS UNDERLYING CONTROL 206 CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRIBE HOW	INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port I	l of item 18.)			
ZOC. TIME OF INJUITED HOUR G. p. m.		20d. INJURY OCCL While Not whom of work of work	hile fe	LACE OF INJURY (Home, far octory, street, office bldg., e	m, 20f. (City o	r town)	(County	r)	(Stote)
/	Philip D			, 19,5 6, to J h accurred at 21,30 g M.D. 11 4 Balt	M, from	et, city or lown,	nd an the d	ate state	
220. BURIAL, CREMATIC REMOVAL (Specify Rurial		959 22c. NAMI	New Ca	or crematory thedral		ON (City, town, o		(Stot	te)
4 H Wear	ers signature sy Son 80.	5. M. Ca	eluer t	At DATE	C'D BY REGISTRA	AR 24b. REGIS	TRAR'S SIGNAT	URE	

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	and years and	contract	Plot #I of	
	Yourthis	STATE OF THE STATE		
Mary Street	*	E Bellions 27th	do acut and	
	AND THE PERSON OF		sendials.	
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				Temporaries Septiments
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00388
6 g c			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0000
ould b	83 1	=	Reg. Dist.	
should be cremation	[10]	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence a. COUNTY b. COUNTY b. COUNTY b. COUNTY	
ge J			b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ne negrest town)
Poc pur		(CHASE 1,0 Lone 70 YVRS, X CHASE	
direct direct iles.	00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 197 GREENBANK PO.	o. IS RESIDENCE ON A FARM? YES NO
uneral your f			NAME OF DECEASED (Type or print) VOLA Middle WATERS DEATH JAN, 28	19 59
o the for		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED D	
3 to		100	Do. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN	OF WHAT COUNTRY
2, and 2	1	L	HOUSEWIFE HARFORD CO., MD.	J. 5, A.
- 6-	1)	13.	3. FATHER'S NAME	
5 2 m 0		1	HOMAS HENRY MOLLY COOPER	
ve Pag Page File po		Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (res. no. of purposers) (If yes, give war or dates of service) NRS, WN, HASH, CHASE, MD.	
P. Gi		F		NTERVAL BETWEEN
E			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (O RON BRY O CCLUSION)	INSET AND DEATH
in Iten with fo			Canditions, if any, which) the A-S-E-U- Disease	
			gove rise to immediate couse	
penci alang buria			(a), storing the underlying DUE TO	
fice os a		Z		19. WAS AUTOPSY
nding rs Off	0	CATION		PERFORMED?
be in		L CERTIF		
the ward dical Exam e 3 shauld		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work at w	(State)
Medi Page			21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry	ond find that
Chief OR:			death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined cause .	
CCTO Chi			ACTUAL SIGNATURE OF THE MEDICAL EXAMINER [DATE SIGNED
ed to	i 2		ASSISTANT MEDICAL EXAMINER []	- /
and the	d d		EXAMINER'S NAME (Type) / B. DAVIS M. D DEPUTY MEDICAL EXAMINER D	8/59
forw forw	6	220	THE PRIVAL (SPECIFY) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
- Dec		23.	AUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REGISTRAR'S SIGNAT	URE
S. A15ME(5))	1	John H. Harbins, Della, Pa. DATENAN 30'59 Onthin & tru	
			1	MAKE .

	A POLICE	
	A STATE OF THE STA	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 397 I director, filed with ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE MARYLAND Balto. Md. uneral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Towson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 50 Armacost Nursing Home-812 Regester be executed within 24 hours 225 Dixie Drive à pup .5 NAME OF filled I ges 1 DECEASED (Type or print) MARTE 6. COLOR OR RACE 7. MARRIED NEVER 5. SEX and camplet ban papers. er death. female whi.te WIDOWED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired) Housewife (rtd) at hor after o 13. FATHER'S NAME g physician remove cark that the death certificate George R. Wannenwetsch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT attending | no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or a. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 6 Canditions, if any, which een signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJU 20c. TIME OF INJURY Month. 20d. INJURY OCCURRE Day, Year Hour a.m. While Not while at work at work 21. I certify that I attended the deceased from alive an OR: be retained by NERAL Des. 3 shauld be ACTUAL SIGNATURE TO HOSPITAL PHYSICIAN'S NAME (Type) FUNERAL 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF poge REMOVAL (Specify) 30/59 orra 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VS A15 (4)

15M 10/57

m389

e. IS RESIDENCE

ON A FARM?

YES NO

Bal to.

b. COUNTY

Rea. Dist. No

Aiddle	Lost	4. DATE	Man	th	Day	Yeor
ABETH	WATKINS	DEATH	J	m .	27	19 59
ARRIED B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
ORCED N	lov. 23, 18	95	lost birthday) 63 yrs.	Months Do	ys Hours	Min.
ESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZE	N OF WHA	T COUNTRY?
ne	Me	i.				
14	4. MOTHER'S MAIDEN I	NAME				
	I	da				
Y NO. 17. INFO	RMANT		Addr	"Silve	r Spr	ing. Me
Mr.	Frank H. V	Vatkin	s - 13009	Valle	vwood	Drive
d (c).]		_		- 1		ETWEEN
raf V	ascula	r le	ccia	eng	4)	2007.
O DEATH BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(
					YES	NO D
IRY OCCURRED. (E	nter noture of injury in	Part I or Par	t II of item 18.)			
D 20e. PLACE	OF INJURY (Hame, farm	20f. (City	ar town)	(Cour	nty)	(Stote)
Tociory.	street, affice bldg., etc	-)				
m. 13	., 19 19, ta_) Bu	27 1019	4		1 1
mai deam oci	torred of Z		n the causes a			ed abave.
iner -	6011	1in	b Rd	Dro H	Ak	1) 1/2/
4.b.		1	11-(14-1	200110	-1714	(1 / sq.
						,
CTUSTERY OR CO.		201 1051				
CEMETERY OR CR			TION (City, town, o		(Sto	le)
ine Park		WOO	dlawn, Mo			
- back		D BY REGIST		trar's signa		

1 11/11/11/11 . VALUE TO SHOULD SHOULD

Mrs. Robert A. Elliott & Daughter Directors

Caroline St. Balto., Md.

(Stote)

	ENT OF HEALTH—BALTIMOKE, 18		00320
F	ATE OF DEATH	eg. Dist. N	lo.
	2. USUAL RESIDENCE (Where deceased lived. If institutions o. STATE MARYLAND b. COUNTY	Residence be	fore admission)
	c. CiTY OR TOWN (If outside corporate limits, write RURA	AL ond give	nearest town)
	BALTIMORE (3	VOI.	4
	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	1520 E. MADISON STREET		YES NO
	VELLS 4. DATE Month OF JANUAR		Doy Yeor 19 59
T			AR IF UNDER 24 HRS.
	February 2, 1886 72 79.	Nonths Day	Hours Min.
US	TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	BRISTOL, TENNESSEE	U.S	.A.
ī	14. MOTHER'S MAIDEN NAME		
	BERTHA PERRY		
11	NFORMANT Address		
C	lin.Records, Vet. Adm. Hosp.	Ft. H	loward. Md.
	F PROSTATE WITH METASTASES	110	NTERVAL BETWEEN NSET AND DEATH
T	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
EC). (Enter noture of injury in Port I or Port II of item 18.)		
L/A	ACE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg., etc.)	(Count	y) (Stote)
1	9 , 1959 , to January 25 , 19 5930	Haccar	CAND DAY DO CON
	occurred at 11:30A M, from the causes and		
	ADDRESS (Street, city or town, stot	te)	DATE SIGNE
,	VAH, Fort Howard, Md.	1,	/24/59

VS A15 (4) 15M 10/57 HWARD HO BYACHTERS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00391

	399	CERTIFIC	ATE OF DEATH	1	Reg. Di	of, No.
1. PLACE OF DEATH COUNTY BALTO.		MARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institutions Residen COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF O		its, write RURAL and	give nearest fown)
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION WOODBE	1	address)	d. STREET ADDRESS WOODE	BROOK L	ANE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) FRANK	First	I Middle	NHEELER	4. DATE OF DEATH	JAN.	Doy Yeor 30 1959
5. SEX 6. COLOR OR RA	ACE 7. MARRI WIDOWE	DIVORCED	B. DATE OF BIRTH FEB. 22, 186	7 P. AGE	(In years birthdoy) Honths yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re EXECUTIVE	vork done 10b. (tired)	SURANCE	MARYLA	or foreign country) '	12. C11	U.S
13. FATHER'S NAME GEORGE	WHEE	É	14. MOTHER'S MAIDEN N	THA T	THATCHER	2
(Yes, no. or phinown) (If yes, give war or dan	es of service)	R	OBERT H. WH	KELER	Address	ABOUE
PART 1. DEATH WAS CAUSED IMMEDIATE CAU	8Y: 7	e for (o), (b), and (c).]	liac Fail	eurl		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	(b) Ari	terio - Seler	stie C-V	deseas	ee	10 yes
couse (o), stoting the <u>under-</u> lying couse lost.	(c) GR	Herulezeil	Arterio -	Solero	il	20 KS
САПО						PERFORMED? YES NO
	ATH IER)		ED. (Enter noture of injury in P			
20c. TIME OF INJURY Month, Doy, Hour o.m. p. m.	Year 20d. IN While of work	_ Not while _	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.	, 20f. (City or tow	n) ((County) (State)
21. I certify that I attended alive an / /26	the decease	10	1939, to 7	PM, fram the		last saw the decease
ACTUAL SIGNATURE	alla	K	M.D. 200 Mg-1	ADDRESS (Street, cit	y or town, stole) Del	DATE SIGNE
PHYSICIAN'S NAME (Type) Vas . A.		Ack	Towson	4. mol		
220. BURIAL, CREMATION, 27b. DATE THE SEMOYAL (Specify) 2-2-	EREOF -59	PROSPECT	OR CREMATORY	22d. LOCATION (C	ity, town, or county)	(Stote) MD
23. FUNERAL DIRECTOR'S SIGNATURE H.W.JENKINS & SO	NS G	4905 YORY. R	O. BALTO . DATE FF	B 3 '59	24b. REGISTRAR'S SIG	SWATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DI page 3 should e VS A15 (4) 15M 9/55

the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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			Charles and the state of	
		more and companies		
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VS A15 (4) 15M 10/57

hysician and completely filled in by Fruneral director. nove carbon popers. Pages 1 and 2 shauld be filed with nours after death.			
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	ysicio	ave cc	ours a

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

00392

		'AU	CERTI	ICA	IL OI	DLAII			Reg. D	ist. No.		
1. PLACE OF DEATH				1 2	. USUAL R	ESIDENCE (Who	ere decease	d lived. If instituti	on: Reside	nce befo	re admis	sion)
o. COUNTY Ralti	more		MARYL	AND	o. STATE	Md.		b. COUNTY	Balt	imo	re	
b. CITY OR TOWN (Soutside corporate limit	s, write	c. LENGTH OF STAY IN	v 1ь	c. CITY C		utside corpo	prote limits, write R				n)
RURAL ond give h	Memore	_	4		55	Thos	Jeni.	2001 - 4	_			
d. NAME OF HOSPIT	AL (If not in hospital, a)	ve street	oddress)			T ADDRESS					e. IS RES	
705 Th	ornwood Cou	ırt			705	Thorny	rood (Court				FARM?
3. NAME OF DECEASED	Fire		Middle	7.1	TTTMT	Lost	4. DATE	Mar		D9	Y	Year
(Type or print)	ALEX	ANDER	M.	W	HITE		DEATH	Ja	n.	23	,	19 59
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	8.	DATE OF B	IRTH		9. AGE (In years lost birthdoy)				ER 24 HRS.
male	white	WIDOW	ED DIVORCED	□ S	ept.	7, 1873		85 yrs.	Months	Days	Hours	Min.
Og. USUAL OCCUPATION	ON (Give kind of work daing life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRT	HPLACE (Stote	or foreign c	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	mployed (r		Grocery St	tore	I	elaware						
13. FATHER'S NAME				8.4	14. MOTHE	R'S MAIDEN N	AME					
Wm. S. W	hite					unkno	wn					
15. WAS DECEASED EVE	R IN U. S. ARMED FORG	ES? 16.	SOCIAL SECURITY NO.	17. INF	DRMANT			Add	ress			
-			none	Mr	s. Pa	ul Phil	lips	- 705 Th	ornwo	ood I	Rd.	
18. CAUSE OF DEA	TH [Enter only one con	se per li	ne for (o), (b), and (c).]				,			INTE	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		a cute o	our	nang	Oc	clus	uni.		ONS	S Face	
420.1	DUE TO		1		0		THUE.					
Conditions, if o		_ (Cotereneler	hi	C	ardior	as en	lan deser	-u		Ter.	co.
gove rise to i						337.44			150	0		
lying couse lost.	(c)									100		
PART II. OTH	HER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED	TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY RMED?
3	retal o	Erle	worderon	記							YES [
PART II. OTH	LI CAUSE OF DEATH I	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter notur	e of injury in P	ort I or Por	t II of item 18.)				
	MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yea	r 20d. If While		Oe. PLACI	E OF INJUR	Y (Home, form, ffice bldg., etc.	20f. (City	y or town)		(County)		(Stote)
p. m.	19	at wor	Not while									
21. I certify th	at I attended the	deceas	ed fram. I ar	J	, 19 <u></u>	8, to 9	2w 2	3 , 1957	that I	last so	w the	decease
alive an Da	w 23	, 195	9 and that c	leath o	ccurred							
	har	,	1					treet, city or town.				ATE SIGNE
SIGNATURE	Alexal	e	h	м.с	2	215	Inch	Rd B	ceten	1 /2	, Ad	Jan 2:
PHYSICIAN'S		/									0	y
NAME (Type)												
220. BURIAL, CREMATIO REMOVAL (Specify)		F	22c. NAME OF CEMET	ERY OR C	REMATOR	1	22d. LOCA	TION (City, town,	or county)		(Stot	e)
Burial	1-25-5	9	Wicomico	Mem.	Pk.		Sali	sbury. M	d.			
23. FUNERAL DIRECTOR			ADDRESS			24a. REC'C	BY REGIST			GNATUR	₹E	
Hill & J	ohnson -	Sa	alishury, Mo	i.		DATE 2	3 '59	0.71	0 /			

	ANYARIN NO INA SIDINGIA	
A STATE OF THE STA	MASSING BYADERS DESIGNATION OF THE	
	Schendings Sit in the	
	STATE TO STATE STATE OF THE STA	
- A BURLUME -		
		empe / 1: Li

00393

	401	C	ERTIFIC	ATE OF D	DEATH	1		Reg. Dis	it. No.	
1. PLACE OF DEATH							l lived. Il instituti		te before o	odmission)
	re County		MARYLAND	Maryl	a d, I	Balto	. CO. COUNTY	808	Ride	ewood R
b. CITY OR TOWN (Il autside carporate limits, v earest tawn)	write c. LENGTH	OF STAY IN 16	c. CITY OR I	OWN (II o	utside carpor	rate limits, write R	URAL and g	give neares	it fown)
Towson,	Md.		mo.	Towso	n.4,	Md.	55			
d. NAME OF HOSPI	TAL (II not in hospital, give	street address)		d STREET A			1		•.	IS RESIDENCE ON A FARM?
Mercy Vi.	lla, Bellor	na Ave.		6808	Ridge	boows	Rd.		Y	ES NO
3. NAME OF	First		Middle	Los	1	4. DATE OF DEATH	Mor	th	Day	Year
(Type or print)	Alio	e l	Mary	White		DEATH	Jan	. 3.	195	9 19
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVEL	R MARRIED	8. DATE OF BIRTH	н 187	4	9. AGE (In years	IF UNDER		UNDER 24 HRS.
Female	/hite w	DOWED 👸	DIVORCED [Sept.1	1/1/97	18	last birthday) yrs.	Months	Days H	laurs Min.
10a. USUAL OCCUPATION	ON (Give kind of work dane	10b. KIND OF BUS	INESS OR INDI	USTRY 11. BIRTHPL	ACE State	ar fareign ca	ountry)	12. CIT	ZEN OF	WHAT COUNTRY?
Housewi	king life, even if refired)			01	hio			U	.S.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME				
? Garsic	de			U	nknov	vn				
	R IN U. S. ARMED FORCES		RITY NO. 17.	INFORMANT			Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of service	none		Mrs.Ali	се Не	ersch	er.6808	Rid	gewo	od Rd.
18. CAUSE OF DEA	ATH [Enter only one cause	per line for (a), (b),								AL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	Arto	was low	ofic Can	dia V	bruch	a. D.		ONSET	AND DEATH
4221	IMMEDIATE CAUSE (a) DUE TO	-176	10327616	772 0 47		2000	27 2010	rewe	7	- 3
Canditians, if a	on which \									
gave rise to i	mmediate (
lying cause last.	the under-									
	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING	G TO DEATH 8U	IT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	FN IN PART	1(a) 19.	WAS AUTOPSY
ATIO		0.11	10 000	THE RESILES TO	71121210	WAL DISEASE		EI4 II4 I AKI	- 1	PERFORMED?
PART II. OTI	AS UNDERLYING 206	DESCRIBE HOW IN	Alliba Occilbb	FD (Enter nature o	Liniury in F	Part Lac Part	II of item 18.1		1 11	ES NO
OR CONTRIBUTING	CAUSE OF DEATH	, DESCRIBE NOW II	WORT OCCORR	LO. (LINE IIII)	· injury in ·					
		20d. INJURY OCCUP	20a P	LACE OF INJURY	Wana form	205 (6:4				154
WEDICAL HOUR OF INJUS		While _ Nat whi	le fo	actory, street, affice	bldg., etc.) 	or tawn)	(C	(aunty)	(State)
p. m.	ly o	at work at work		-						
21. I certify th	nat I attended the de		8-5	, 19 3						the deceased
alive on	1-3	19 2 9 an	d that deat	h accurred at	7:151	M, fram	the causes o	and an th	ne date	stated above.
CELESCO DE	(2011 A)	UM			-	-1	reet, city or town,	state)		DATE SIGNED
ACTUAL SIGNATURE	Vhill N.	Xeljan		M.D. /	16.	Chase	JE.			1/4/3
PHYSICIAN'S NAME (Type)	Philip J	Asyn.	n, Mil). 6	Patrin	none-	- I Ma	<i>'</i> .		
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF			OR CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State)
REMOVAL (Specify)	1/6/59	Pine	Long N	lassau, N	.Y.	Jama	ica, Ne	ew Yo	rk	
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRES			240. REC'E	BY REGIST		STRAR'S SIG	1 .	
William C	ook-Towson	. Inc. 70	50 Yor	k Rd.	DATEMAN	6 '59	Cirl	hung 8. 9	Traus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DI SOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with may be retained by the haspital or attending physician.

• FUNERAL DI COR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55

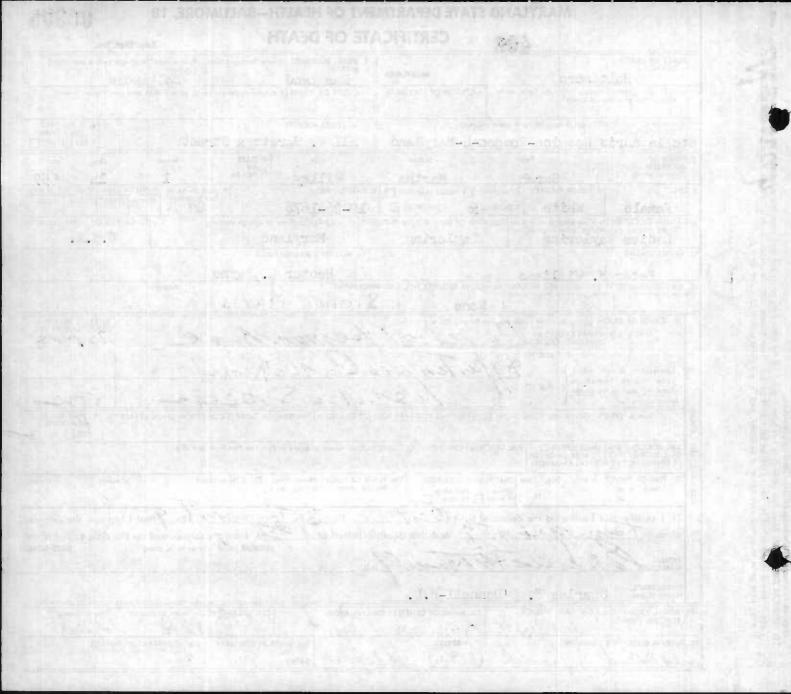
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00395

		403	CERT	IFIC/	ATE OF DEATH	1		Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY Ba	ltimore		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere decease	b COUNTY	n: Residend		e odmis	sion)
b. CITY OR TOWN RURAL ond give i	(If outside corporate liminearest town)	its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF o	utside corpo				rest tow	n)
OR INSTITUTION	ITAL (If not in hospital, g		. The second	and	d. STREET ADDRESS	atoga	Street		1	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fil		Middl	0 0	Lost	4. DATE OF DEATH	Montl	h	Doy		Yeor
5. SEX	6. COLOR OR RACE		Mart	200	Willey	DEATH		IE LINIDED	1 VEAR	×	19 59
Female	White	WIDOW	RIED NEVER MARR ED 🙀 DIVORC		8. DATE OF BIRTH	8	9. AGE (In years last birthday) 80 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	Res	OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign c		12. CITI	ZEN OI	F WHAT	COUNTRY
during most of wo	rking life, even if retired Tayloring)	Tayloring		Marylar		,,		U.S		COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
Peter	M. William	S			Hester M	I. Pay	ne				
1S. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s		None	0. 17. 1	STOLIG M	ları	Addre	ess			
Conditions, if gave rise to couse (o), stoting lying couse lost	the under-	2/1	perten 1/2	2/, Sr 30	Hemor. Carris	Res 155	9e 12/		8	>-/Y	DEATH
20g. ACCIDENT W	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH				NOT RELATED TO THE TERMI	27		N IN PAKI	1(0) [13	PERFC	AUTOPSY DRMED?
20c. TIME OF INJU Hour o. m. p. m.	10	While	NJURY OCCURRED Not while of work	20e. Pt.	ACE OF INJURY (Home, farm ctary, street, office bldg., etc.	, 20f. (City	y or town)	(C	ounty)		(State)
21. I certify to alive on actual signature Physician's NAME (Type)	Charles F.	6, 19	7, and the	4			The causes ai	nd on th		e state	decease ed above ATE SIGNE
REMOVAL (Specify	1-16	59	22- NAME OF CEA	AETERY O	RCREMATORY	22d. LOCA	TION (City, loyn, or	r caunty)	>) (Stot	Y
21 FUNERAL DIRECTOR	R'S SIGNATURE	1	ADDRESS	6/	2 24a. REGI	BY REGIS	TRAR 246 REGIST	TRAR'S SIG	NATUR	E	



CEPTIEICATE OF DEATH

00394

402	CERTIFICA	AIL OI DLAII		Reg. Di	st. No.
1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased live	d. If institution: Residen	ce before admission)
Balto.	MARYLAND	o. STATE Md.		b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate l	imits, write RURAL and	give nearest town)
Lutherville		Baltim	ore	3V0	1-11
d. NAME OF HOSPITAL (If not in hospital, give struck or INSTITUTION	eet oddress)	d. STREET ADDRESS		2 1 0	e. IS RESIDENCE
College Manor Nurs	ing Home	112 Bi	idgewood	Rd.	ON A FARM? YES NO
3. NAME OF First	Middle	Lost	4. DATE	Month	Doy Year
(Type or print) JAMES	PERRY	WTLCOX	OF DEATH	Jan.	13. 19 59
	ARRIED NEVER MARRIED	B. DATE OF BIRTH			1 YEAR IF UNDER 24 HRS.
	OWED DIVORCED	July 19, 1881	los	st birthdoy) Months	Days Hours Min.
male White Wide 10a. USUAL OCCUPATION (Give kind of work done)		ISTRY 11 BIRTHPLACE (State	or foreign country	yrs.	IZEN OF WHAT COUNTRY
during most of working life, even if refired)			or roreign country	12. CII	IZEN OF WHAT COUNTRY
Executive (rtd)	Wholesale Coal	Md.	IAAAE		
		The state of the s			
William L. Wilcox S. WAS DECEASED EVER IN U. S. ARMED FORCES?	14 500111 650110174 110 117	Susanna H.	Perry		
(Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANI		Address	
no	M	rs. Adele Wild	ox - 11	2 Ridgewood	Rd.
18. CAUSE OF DEATH [Enter only one couse pe	r line for (o), (b), and (c).				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcinoma of th	ne prostate wi	th metas	tases to	About 6 yrs
DUE TO	spine, ribs and	pelvis.			
Conditions, if ony, which) (b)					
gove rise to immediate couse (o), stating the under.					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	NDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY
N N					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 20b. C OR CONTRIBUTING 20use of Death (If EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of	item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20c	d. INJURY OCCURRED 70e. PL	ACE OF INJURY (Home, form,	20f. (City or to	own) ((County) (State)
20c. TIME OF INJURY Month, Day, Year 20c Hour o. m. 19 of the control of the cont	nile Not while fo	ctory, street, office bldg., etc.			
		57 4	/92/50		
21. I certify that I attended the dece	ased from 10/1/19	27 , 19 , to 1	12129	, 19,that	last saw the decease
alive on 1/1/59 19	and that death	occurred at 2:40			
ACTUAL / /	1) 4.011			city or town, state)	DATE SIGNE
SIGNATURE	HILL	M.D. II East On	ase ot.,	City-2.	1/14/59•
PHYSICIAN'S	=				
NAME (Type)					
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, town, or county)	(Stote)
Burial 1/15/59	Loudon Park	Cem.	Balto.	, Md.	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /		BY REGISTRAR	24b. REGISTRAR'S SIC	1 4
WM. I. howell	Trom-Pa	DATEJAN	V 1 5 '59	Onthun S.	Thank
V		na		***	

may be retained by the hospital or attending physician.

D FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRE VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH 7.07.

	904				Reg. Dist, No.
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND		ere deceased lived. If institutery land b. COUNTY	tion: Residence before admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Ca ton sville	c. LENGTH OF STAY IN 16 27 r. 5 mth 3 dv s	100		RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SPRING GROVE STATE HOS		d. STREET ADDRESS Idlewylde		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Julia	Middle	Winkler	4. DATE Mor	Day Year
j	5. SEX 6. COLOR OR RACE 7. MARR Temple White WIDOWI		B. DATE OF BIRTH Dec. 11. 189	9. AGE (In years lost birthdoy) 66 yrs.	The state of the s
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State o	or foreign country) Vland	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Max Winkler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117. III	August	a Simait	dress
	[Yes, no, or unknown] (If yes, give war or dates of service)		cords: SPRIN		
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 434, DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	ougestive	Heart	Foilure	INTERVAL BETWEEN ONSET AND DEATH MOUNT
)	PART II. OTHER SIGNIFICANT CONDITIONS. GENERAL 206. ACCIDENT WAS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRE	rioscler	osis	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. II White p. m. 19 White at wor	Not while for	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
/	21. I certify that I attended the deceas alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	59, and that death aus Kas DAUSKAS 22c. NAME OF CEMETERY OF	Catonsvi	DM, from the causes of DDRESS (Street, city or town, GROVE STATE) LIE 28, Maryla 22d. LOCATION (City, town,	and or county) (State)
	pall fewes 186 2 to	00 man	MORE DATE JAN	17 '59	when S. Thank

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		C 17 SC and Residue all tubules 11	
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	C TAIL IN IT CAN AND AND AND AND AND AND AND AND AND A		

CEDTIEICATE OF DEATH

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	4	115	CERTII	ICA	E OF DEAT			Reg. Dist	t. No.	
1. PLACE OF DEATH a. COUNTY Baltimore			MARYL	AND	. USUAL RESIDENCE (VO. STATE	1.	b. COUN	ITY Cha	a	
b. CITY OR TOWN (If RURAL and give nea	outside corporate limits prest town)	, write	c. LENGTH OF STAY I		c. CITY OR TOWN (I				ive nearest tov	m)
d. NAME OF HOSPITA OR INSTITUTION		-		S/S/C	Davidson d. STREET ADDRESS	IVIII E	A.A. O	J., Mu.	ON	SIDENCE A FARM?
Relay Hil			lay 27, Md.		-				YES] NO []
		uart	Pittman Wi		Last	4. DATE OF DEATE	_	wonth	21 Doy	Yeor 19 59
5. SEX Female	7 77 1 1	7. MARR	DIVORCED		DATE OF BIRTH July 5,1865	3	9. AGE (In year lost birthdo)		Ooys Hours	7
10a. USUAL OCCUPATION during most of workin Housew	ng life, even if retired)	one 10b.	KIND OF BUSINESS OF	NOUSTR			country)		ZEN OF WHA	
13. FATHER'S NAME	W Dept / Ale				14. MOTHER'S MAIDEN			1		
William D	onaldson S	teuas	rt		Mathild	a Mont	ell			
15. WAS DECEASED EVER (Yes, no, or unknown) (II	IN U. S. ARMED FORCE If yes, give wor or dates of ser		SOCIAL SECURITY NO.		E.W. Pitt	man- t	18 P. Sashingto	on, D.C.	Dupor. 7-901	it 2
Conditions, if an gave rise to im couse (o), stoting the lying couse lost.	he under: DUE TO	Ar	erbbral threteriorscle	rotic cular	cardio-vas				many	ys years 6
PART II. OTHE			CRIBE HOW INJURY O						PERF	ORMED?
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. It While of worl	Not while		E OF INJURY (Home, for ry, street, office bldg., o		ty or town)	(C	ounty)	(Stote)
21. I certify the alive on	Lewis P. (19.5 P	9., and that	death o	2, 19,53, to_ccurred at / 5	ADDRESS (21, 19, om the cause Street, city or to	s and on th		
220. BURIAL, CREMATION REMOVAL (Specify) Cremation 23. FUNERAL DIRECTOR'S	JAN, 2.6-1	959	ADDRESS ~ (TERY OR	REMATORY 1+ Cemetes	22d. LOC	ation (city, tow	ore- Y	nd.	ote)
Stewarta	mower (o	- 108	11111	Av 1	3a/10-1- DATE	C'D BY REGI		EGISTRAR'S SIG	1.1	

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the hospital or attending physician. **D FUNERAL DIR:** OR: After this certificate hos been signed by the attending physician and completely filled in by page 3 should delactories. Pages 1 and 2 should be the registrar prior to buriol, crematian, or removal, and in any event within 72 hours after death. TO FUNERAL DIR VS A15 (4) 15M 9/55

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may be retained by the hospitol or attending physician.

TO FUNERAL DI HOR. After this certificate has been signed by the ottending physicion and campletely filled poge 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon papers. Poges 1 of the registror priar to burial, cremation, or remayol, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page A VS A1S (4) 15M 9/55

a. COUNTY	MARYLAND	o. STATE	ved. If institution: Residence before odmission) b. COUNTY
Baltimore		Maryland	Baltimore
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		e limits, write RURAL and give nearest town)
Towson 4	1½ yrs.	Monkton	(Rural)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NOY
Towson Convalesen		La DATE	
DECEASED (Type or print) Lieu	Etta W1s	lost 4. DATE OF DEATH	Month Day Year 1-27-59 19
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
female white widow	ED X DIVORCED	12-27-1872	86 yrs. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fareign caun	17) 12. CITIZEN OF WHAT COUNT
Housewife	home	Illinois	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Eli Conger		Deborah Lak	e
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address
no	none E	lsie W. Curley	above
1B. CAUSE OF DEATH [Enter anly one cause per li	ne far (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ardice!	Jecam plunut	m 343
422.1 DUE TO 05	7	1 0-1	11
Conditions, if ony, which) (h) (h)	Herry selu	tel Cardio 0	escular deserve crevio
gave rise to immediate Couse (o), stating the under-			
lying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II	af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 120f. (City or	town) (Caunty) (State
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. 19 While at wo.	IAUI WHITE	tary, street, affice bldg., etc.)	
21. I certify that attended the decease	ad feetil	10/9 1 Jan	that I last saw the door
alive on 2 10 44 . 19	4	accurred at 6 A M, fram I	19,that I last saw the decea
dive on	, and that death		the causes and an the date stated about the courses and an the date stated about DATE SIG
ACTUAL Malder T.	/ /lees	M.D. Cockeyson	lle 27 Jan 195
PHYSICIAN'S	T KEE	5	Maryland '
NAME (Typo) IV alter			
22g. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		N (City, town, ar county) (State)
NAME (Type)	22c. NAME OF CEMETERY O		N (City, town, ar county) (State)
PEMOYAL (Specify) BUT181 (Specify) 1-30-59		ethodist Mc	onkton, Md.

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	MARYLAND	STATE DEPARTM	MENT OF HEA	LTH-BALT	IMORE, 1	8	0.0	399
	407	CERTIFIC	ATE OF DEA	ATH		Reg. Dist.	-	,00,
1. PLACE OF DEATH o. COUNTY BALTIM	ORE	MARYLAND	2. USUAL RESIDENCE O. STATE MAR	E (Where deceased RYLAND	lived. If institution b. COUNTY		before od	
b. CITY OR TOWN (If outside RURAL and give nearest to BALTIMORE	corporate limits, write wn)	c. LENGTH OF STAY IN 16	/	N (If outside corpor	ote limits, write RI	JRAL and giv	e nearest t	lown)
d. NAME OF HOSPITAL (IF IN OR INSTITUTION 7819 EL.)		oddress) ENUE	/d. STREET ADDRE	ELMHURS	T AVENU	E	OI	RESIDENO
3. NAME OF DECEASED (Type or print)	First GEORGE WO	Middle	Last	4. DATE OF DEATH	JANUA		Doy 19,1	Year 19159
	or or race 7. Mare	RIED NEVER MARRIED DIVORCED DIVORCED	DEC. 15.1		9. AGE (In years last birthday) 79 yrs.	Manths D	YEAR IF U	
100. USUAL OCCUPATION (Give during most of working life, STOVE MOUL) 13. FATHER'S NAME	even if retired)			MORE MA			ISA	AAT COU
AUGUST 15. WAS DECEASED EVER IN U.	WOLF S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.		CLIZABET	H KNICK			
(Yes, no. or unknown) (If yes, gru	e war or dates of service)		RS CORA S	HELTON		LMHU	IST A	VENI
PART I. DEATH WAS		ne for (1, /b), and (c).]	rary	the	roul	oris	INTERVAL ONSET A	ND DEAT
Conditions, if ony, whi gove rise to immedia couse (o), stoting the und lying couse last.	rte (D)	Certerio	selerol	in ar	dis Va	400	eas i	lise

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

MEDICAL Hour o. m While p. m

Not while of work of work

factory, street, affice bldg., etc.)

(County)

(State)

YES NO

ITRY?

21. I certify that I attended the

alive on

deceased from

and that death accurred at

that I last saw the deceased

A. M. from the causes and on the date stated above. ADDRESS (Street, mity or town stote) DATE SIGNED

ACTUAL

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION.

CERTIFICATION

22d. LOCATION (City, town, or county)

(Stote)

REMOYAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 22c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY ADDRESS

BALTIMORE 240. REC'D BY REGISTRAR

COUNTY MD 246. REGISTRAR'S SIGNATURE

BALTIMORE MD

22b. DATE THEREOF

DATE JAN 2 2 '59

Orthur & Flours

TO FUNERAL D VS A1S (4) 15M 9/S5

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the death certificate be attending physician 72 please

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After this certificate has been signed by

OR:

ar attending physician

ATTENDING PHYSICIAN: The law

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the attending physician

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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OR INSTITUTION Veterans Administration Hospital 12 N. Mount Street Veterans Administration Hospital 13 N. Mark Of Decaste D		- 40	S CERTIFI	CATE OF DEATH	Reg. Dist	00400
RUBAL gad give nearest lown] We have to thoward I. MAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Veterans Administration Hospital I. N. Mount Street OR A FARM VES NO A FARM	a. COUNTY	imore	MARYLAN	2. USUAL RESIDENCE (Where deceased I		e before admission)
Name of Deceased Pist Middle No December Pist Middle No December Pist	RURAL and give r	nearest town)				
DECEASED FURTH LINEAR COURS OF DEATH JANUARY Decease Decease	OR INSTITUTION		The Real Property of the Control of		eet	e. IS RESIDENCE ON A FARM? YES NO
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years legistribudy) Months Doys	DECEASED			T-TONOTOG OF	_	70
Laborer - Unemployed Frieght Company Stonega, Virginia U. S. A. 113. FATHER'S NAME Thomas Woods 115. WAS DECEASED EVER IN U. S. ARMED FORCES? It's, no. or unknown) Yes WII 105. ACUTE PULMONARY EDEMA 118. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. ACUTE PULMONARY EDEMA Conditions, if any, which gove rise to immediate cause (a), stoling the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS FEEFORMED? YES DO. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	- notifical-				lost birthdoy) Months [YEAR IF UNDER 74 HRS
Thomas Woods 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Ité. SOCIAL SECURITY NO. 17. INFORMANT Yes WW II Yes, give own or dote of service 213-20-9755 Clin.Rec., Vet.Adm. Hospital, Ft. Howard, Maryla 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), ACUTE PULMONARY EDEMA 289.	during most of wo	rking_life, even_if retired)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 213-20-9755 Clin.Rec., Vet.Adm. Hospital, Ft. Howard, Maryla INTERVAL BETWEEN 2NSET AND DEATH		oods				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE PULMONARY EDEMA 29 Conditions, if any, which gove rise to immediate cause (o), stoling the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20 20 20 20 20 20 20 20 20 2	[Yes, no, or unknown)	It yes, give war or dates of service	el le			rd, Marylan
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRICE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PRICE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PRICE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PRICE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PRICE TO THE TERMINAL DISEASE CONDITION GIVEN IN		ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ACUTE PULMONAR	Y EDEMA		INTERVAL BETWEEN NET AND THEATH
I ying cause lost. (c)		ony, which) due (b) to		ASE		1 / YEARS
	lying cause last.	(c)	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPSY
	20g. ACCIDENT W	AS UNDERLYING [] 201				PERFORMED? YES NO
Signature of INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto	_	G CAUSE OF DEATH				ounty) (State

at work

21. I certify that attended the deceased from October 29 , 1957, to January 19, 1959 ACCOMPANION CONTROL OF THE PROPERTY OF TH decrease and an the date stated abave.

ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL SIGNATURE

M.D. VAH. FORT HOWARD, MARYLAND

CHIEN WEI LAN. M.D.

220. BURIAL, CREMATION, REMOVAL (Specify) 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

22d. LOCATION (City, town, or county) Baltimore, Maryland

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

Arlington S. Phillins

1808-10 N. Monroe St. Baltimore 17. Md.

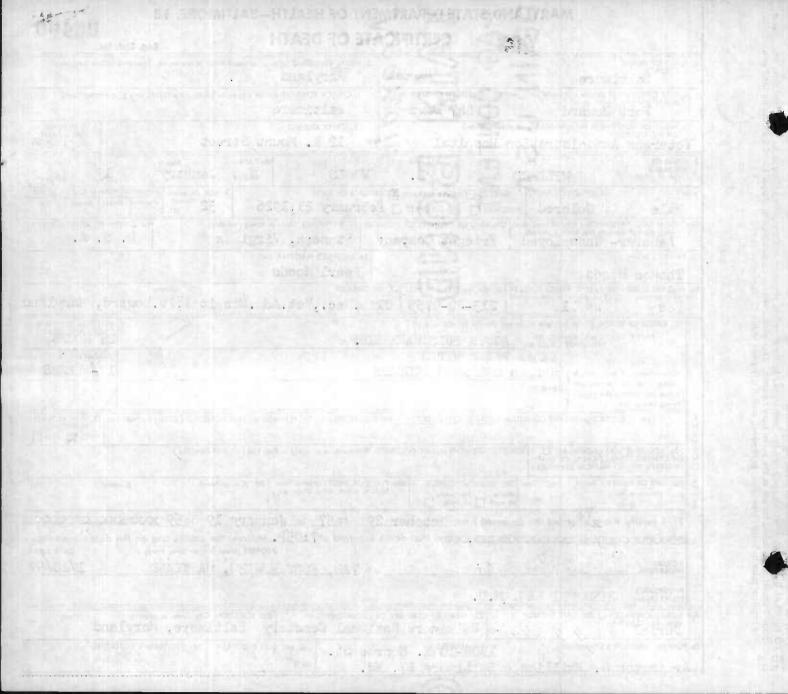
24o. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR TO FUNERAL DI

VS A15 (4) 15M 10/57

page 3 should



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

3R: After this cerificate has been signed by the ottending physician and completely filled in by the disched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 standed for use as the buriol-transit permit.

detached for use as the buriol-tronsit permit. the hospital or attending physicion.

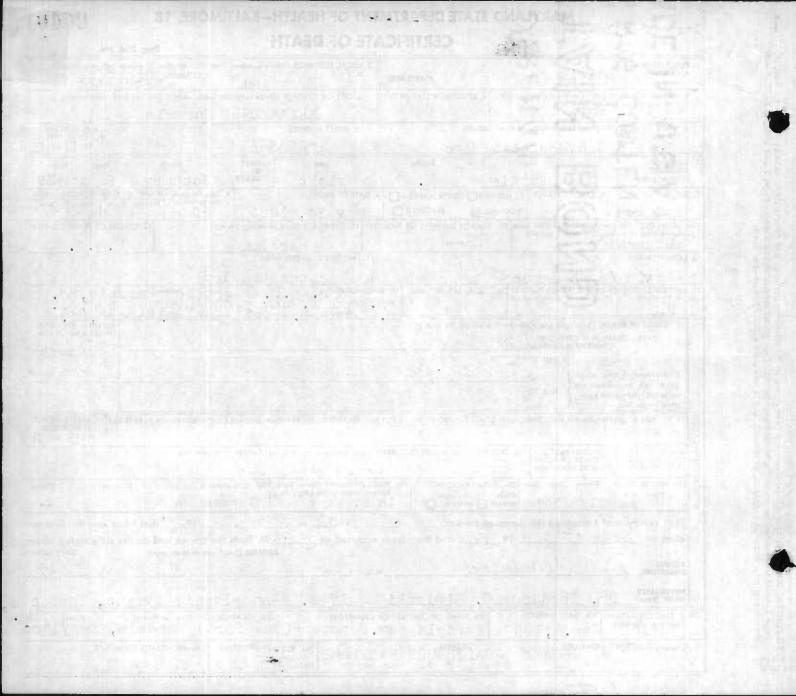
Item 20 Film 237 1-13-59 ams CERTIFICATE OF DEATH

DTIEICATE OF DEATH

00401

	4	03	CERT	IFICAI	E OF DE	AIL	1		Reg.	Dist. No.		
	Baltimore		MARY	YLAND 2			ere decessed land	b. COUNTY		Com'i		ion)
B. CITY OR TOWN (I RURAL ond give no Rural -		its, write	c. LENGTH OF STAY	IN 1b			utside corpo	rote limits, write R		d give nea	rest town	1)
d. NAME OF HOSPIT OR INSTITUTION	Convales				d. STREET ADDR			. Here ac	100			IDENCE FARM?
3. NAME OF DECEASED		rst	Middle		Lost	IMALI	4. DATE	Mon	th	Do		Yeor
(Type or print)	Fa	nnie	E.		Wright	t .	DEATH	Janua	irv	5		1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED B. C	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UND	ER 1 YEAR		
Female	White	WIDOW	ED DIVORCE	D 🔲	May 24	. 18	869	89 yrs.	Months	Doys	Hours	Min.
during most of work Housewi	cing life, even if retired	dane 10b.	None	OR INDUSTRY	11. BIRTHPLACE				12. 0	CITIZEN O		COUNT
3. FATHER'S NAME	LIG		140110	1	4. MOTHER'S MA		y land			0.5	.A.	
Lewin I	SANAW DOD	oh						7				
S. WAS DECEASED EVE	SANCA BEST R IN U. S. ARMED FOR (If yes, give wor or dates of		SOCIAL SECURITY NO). 17. INFO	Paul T.	m. F Cor	Brad P.Wri	ght(Soff Daughte	o'Ma	rdel	a, M	d .
Conditions, it as gave rise to it couse (o), stating lying couse lost.	mmediate (FIE	PACTURE	E /	PICH	7	14 1	112		2	MIC	meri
PART II. OTH	IER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE	TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	ART 1(a) 15	PERFO	AUTOPSY RMED?
	S UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	ELL IN	CCURRED. (I				II of item 18.)	1-11	P		
20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED	20e. PLACE	OF INJURY (Hom-	e, form,	20f. (City	or town)		(County)		(Stote
10 xp.xmx	11/5/5819	While of wor	k ot work		N. Home	g., etc.	Toy	son 4				Md.
21. I certify the alive an IA	at I attended the		ed fram NUV , , and that	death ac		30		the causes of reel, city or town,	and an		e state	
PHYSICIAN'S NAME (Type)	r. Thadd		C. Siwin					lvania			To	
REMOVAL (Specify)	Jan.8,1		Mardela			y(1	122d. LOCAT	ion (city, town, oart) Ma	r county	la,	Mar;	ylar
HOLLOWAY HOLLOWAY	COMPAN	Y	SALISBURY	Y MAR	ILAND	REC'E	BY REGIST			Hann		

the registrar prior to burial, cremotian, or removal, and in any event within 72 hauve-after death. poge 3 should be TO HOSPITAL OR may be retoined TO FUNERAL DIR VS A15 (4) 1SM 10/57



*111	Reg. Dist. No.
PLACE OF DEATH BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give marest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PALTIMORE 3 VO - 14
d. NAME OF HOSPITAL (If not in hospital, give street address) PINES OR INSTITUTION HOUSE IN THE	d. STREET ADDRESS 2 N. KOSSUTH ST 6. IS RESIDENCE ON A FARM? YES \(\sigma \) NO.
NAME OF DECEASED (Type or print) ANGELO Middle	ANTI Lost 4. DATE Month Day Year DEATH JAN 11 1959
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Nov. 5, 1882 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS Isomething Months Doys Hours Min.
D. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF 8USINESS OR INDU- during most of working life, even if retired) PRODUCE MERCHANT OWN,	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: 17ALY U.SA.
PHILIP ZANTI	14. MOTHER'S MAIDEN NAME 10 SEPHINE
	INFORMANT NOTHONY GLORIOSO 930 WESTHILLS PAWY
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED 8Y: Pneumonia, Hypos	tatic, bilateral. 5 days
Conditions, if ony, which)	7 months
gove rise to immediate DIFTO	gue with bilateral metastases 10 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Irradiation reaction and ulceration	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? N Of tongue from treatmentof cancer YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
ACTUAL Robert Z. Berry	h occurred a AMM, from the causes and on the date stated above DATE SIGNET
NAME (Type)	DR CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL JAN, 15/59 NEW CAT	HEDRAL BALTOI MD.
	AVE., 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ONDSON DATE JAN 1 4 '59 Outland S. Hanne
	D. CITY OR TOWN (If outside corporate limits, write RURAL and give marest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SEX 6. COLOR OR RACE WIDOWED DIVORCED OLUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUCTION (Give kind of work done) J. J

death. Page 4 uneral directar, filed with of Die may be retained the haspital or attending physician.

2 FUNERAL DIN OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sha TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the registrar prior to burial, cremation, or remayal, and in any event within 72 hause after death. may be retained TO FUNERAL DIR VS A15 (4) 15M 9/58

BED A STATE OF THE SEC. Table Topics 2 March 2010 1 2 1 MAL WE TONG 11. 12 Nov. 161 15 18 22 19 6 A COUNTY TO SERVICE TO CANADA SERVER STATE OF THE STATE colors of a structure of the state of . Holder to the total A THE RESERVE OF THE RESERVE OF THE RESERVE HE RESERVE HERE Burn and State in State on St. N.C. 1 (2005) . September 1999 THERED LANGER THE LANGERS CHAINS SEE CERTIFICATE OF DEATH

00403
Reg. Dist. No.

)	Reg. D	ist. No.
1	PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Reside b. COUNTY Maryland B. COUNTY	ence before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Annessia	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Armacost Nursino Home 2801 Bauernwood Avenue	e. IS RESIDENCE ON A FARM YES NO
3.	NAME OF DECEASED (Type or print) Mr. Philip Tinn DEATH January	Day Year
5.		R I YEAR IF UNDER 24 H
1		ITIZEN OF WHAT COUN
13	Gustav A. Zipp Anna Dusman	
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (19 yes, give war at dates of service) Mrs. Anna Zipp, san	ne
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bruncho - promoning	INTERVAL BETWEEN ONSET AND DEAT Volume
	Canditions, if any, which gave rise to immediate cause (a), stating the under-	5 yran
CATION		RT I(a) 19. WAS AUTOP PERFORMED? YES NO
L CERTIF		
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while p. m. 19 of work of two work	(County) (Sto
	21. I certify that I attended the deceased from any 2, 1958, to 200. 14, 1959, that I alive on 3, 1959, and that death occurred of 9, A, M, from the causes and an ADDRESS (Street, city or town, state)	
1	PHYSICIAN'S GEORGE SAWYER M.D. Butto 14 ma	1/14/
22	RO. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or caunty)	aryland (Stote)
23.	Leonard J. Ruck 5305 Harford Road. DATE JAN 1 9 '59 Cirthy.	0 10

TO HOSPITAL OBmay be relained to FUNERAL DIRECTOR (4) 242 (4) 242 (4) 243 (4

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the haspital at attending physician.